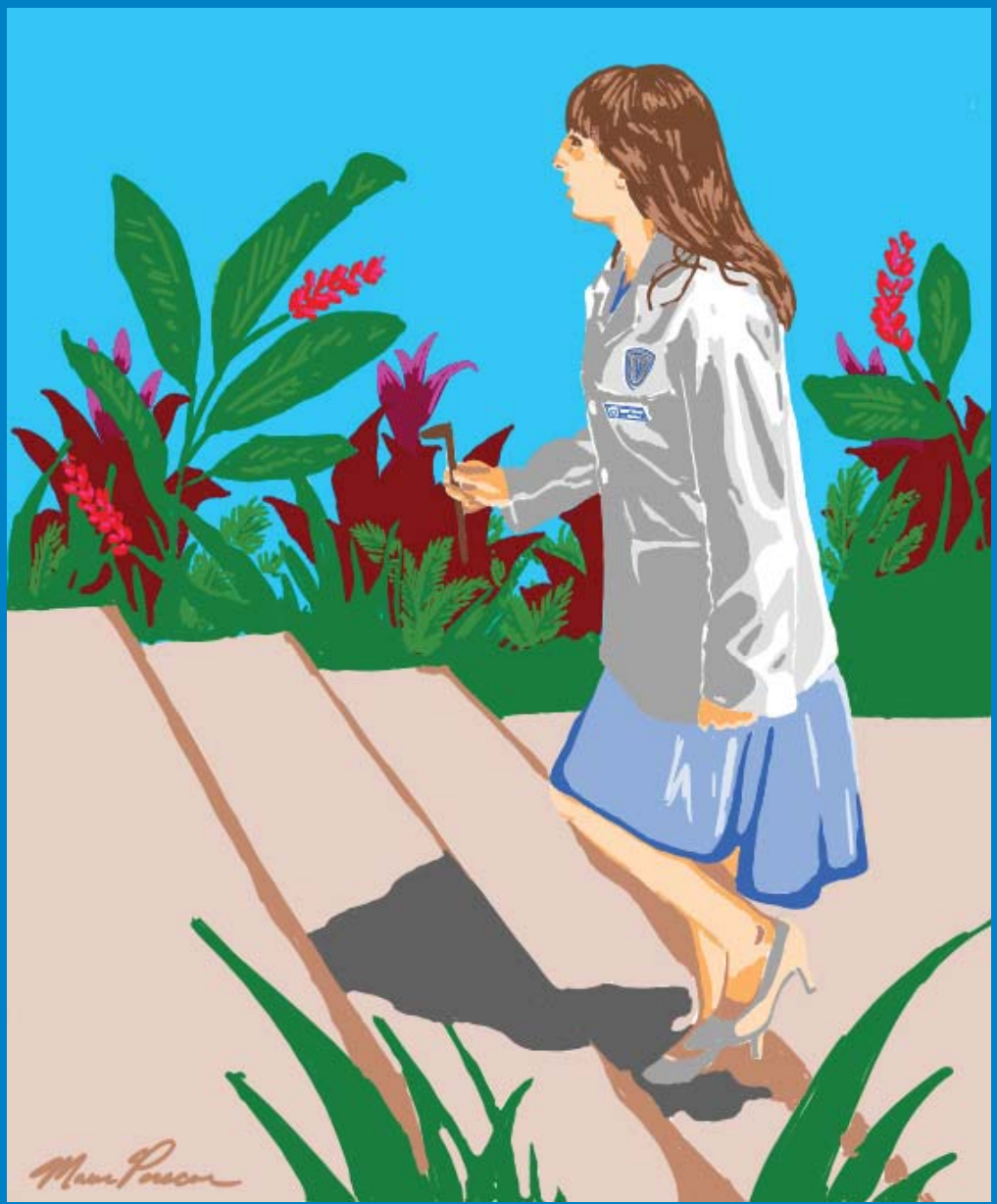
2020

STETHOS

Medical Humanities Journal of CCLCM

Cleveland Clinic Lerner College of Medicine
of Case Western Reserve University



Early Sunday Moment in the HEC
Leonard Calabrese, DO
"Teachers open the door, but you must enter by yourself" -Chinese Proverb

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Issue No 10
2020

Front Cover Artwork

Into the Jungle, Maeve Pascoe | CCLCM Class of 2024

I started this piece when I was just an M1 beginning her foray into the world of medicine. At that time, I had no medical knowledge -- just my white coat and my physical exam kit -- and medical school seemed to be a daunting and perhaps treacherous adventure upon which I had embarked. My trepidation now seems almost silly, as there were no lions waiting to eat me inside the doors of the clinic. Preceptors and patients alike have been kind and patient, even in the early days when I doubted my ability to take a blood pressure. With this piece, I remind myself that while I might feel vulnerable at times on this journey, my peers and I have already come a long way, and the jungle isn't always as scary as it seems.

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Dean's INTRODUCTION

J. Harry Isaacson, MD | Professor of Medicine & Executive Dean
Cleveland Clinic Lerner College of Medicine of Case Western Reserve University

2020 has been a year unlike any other. We are facing a once in a lifetime pandemic that has created chaos here and across the globe. Our gleaming Health Education Campus (HEC) was transformed into "Hope Hospital" to care for patients in the event a surge overwhelmed our traditional hospitals. Fortunately, as of this writing, Hope Hospital was not needed and is being dismantled to allow for the HEC to reemerge as a home for education of our students and other health professionals. The pandemic has upended traditional education models with virtual education becoming the norm. Even as the HEC "reopens" it is not safe to resume our rituals of medical education. The casual interactions with classmates, colleagues and other members of our education community that we take for granted are largely gone. How do we cope, adjust to our new reality?

We also have been reminded of the gross inequities that exist in society in 2020. Racism exists in many forms and as a medical community we are not immune. The Cleveland Clinic has supported the designation of racism as a public health emergency and has organized public demonstrations of support for "white coats for black lives". How can we do better as individuals and as a medical community in combating racism?

For 10 years *Stethos* has provided an outlet for creative reflection and a chance to connect through writing, poetry, images and photography. This current issue provides a forum for reflection on the challenges of 2020 and much more. The photography in this issue is stunning, a reminder of what we pass each day without "seeing". The poetry and stories include exploration to the far ends of the earth, celebrations and very personal experiences with loss and suffering. Stories also offer an opportunity to celebrate our diversity and awaken us to the challenges faced underneath the white coat. We are reminded that medicine is not always kind to its practitioners – abuse, burnout and safety issues persist. The simple act of driving home from the hospital carries risks after hours on call without sleep. COVID-19 has penetrated our lives and several pieces speak to the emotions and challenges that ensue. *Stethos* 2020 offers a wonderful palate of offerings that touch our humanity during these challenging times. Take a peek or settle in for a longer ride – you won't be disappointed.

A decade of *Stethos*. Yes, a decade. Just think of how many things come and go within 10 years and yet *Stethos* has endured. What a remarkable tribute to our students and the role of the humanities at CCLCM. We had planned in person event to celebrate 10 years of *Stethos* but that will have to wait until safer times.

A special thanks to the editors in chief Alice Tzeng, Ellen Brinza and their dedicated co-editors. The work assembling *Stethos* is substantial and you have done a wonderful job. Congratulations to all who have contributed on *Stethos* 2020. Enjoy!

Bud Isaacson, MD
Executive Dean
CCLCM
June 2020

(As I read through Stethos 2019-20 familiar names of students and colleagues emerged on the pages and allowed a reconnection to the CCLCM community. For names not familiar, there is an opportunity to get introduced to new members of the Cleveland Clinic community during a time when there are few ways to meet.)

Editors' INTRODUCTION

Dear Reader,

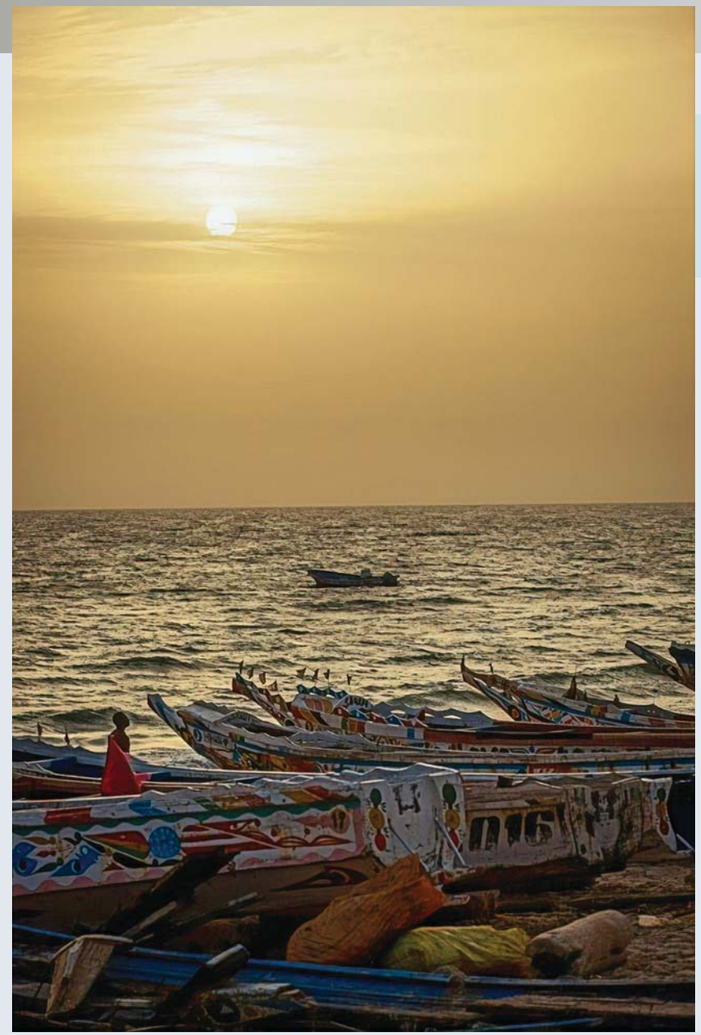
We're living in unprecedented times. As we prepare this year's *Stethos* to go to press, the COVID-19 pandemic continues with no vaccine in sight and the nation enters its second week rallying for changes in the wake of George Floyd's death. Though we received most of our submissions prior to the mid-March COVID-19 shelter-in-place orders, you will find in these pages a glimpse of how the novel coronavirus had already begun impacting the medical community. The pandemic has affected us all in different ways: upending cherished societal norms, destroying lives and livelihoods, and inciting fears about infecting ourselves or our loved ones. Life will never be the same. In addition, we are honored to feature several works depicting the black experience in medicine. We hope that highlighting racial inequalities in our medical training and healthcare system will serve as a starting point for long-overdue conversations.

In such trying times, it's more important than ever to share our experiences and stay connected with others. Let us not forget kindness and let us find a measure of peace, however we may. As a counterpoint to the issues dividing our country, this *Stethos* edition provides evocative anecdotes about making connections in the unlikeliest of places and about coping with tragedy. Beauty still exists in the world. We are grateful to the authors and artists who've chosen to share their most vulnerable moments and send the powerful message that "You are not alone". Please reach out for help when you need it; we are here for you.

Amidst the turmoil, *Stethos* celebrates its 10th anniversary this year, commemorating a decade of bringing together perspectives from medical students, attending physicians, nurses, spiritual care providers, and patients. For the first time, we also welcome works by residents and researchers and appreciate adding their voices to the ongoing dialogue in the medical humanities. We originally invited Dr. Bryan Sisk, a CCLCM alumnus and one of the *Stethos* founders, to speak at a celebratory gala this summer -- while the gala was yet another casualty of COVID-19, we encourage you to read Dr. Sisk's inspirational reflection at the beginning of the issue.

In closing, we would like to thank you, our readers and contributors, for your steadfast support of *Stethos* and the medical humanities. Without your dedication, we couldn't have made it so far. We hope you enjoy this issue and consider submitting your experiences to *Stethos* next year.

Take care and stay well,
The Editors



Dawn at Home
Sokhna Seck | CCLCM Class of 2024

As the sun gives way,
Coloring ginger the calm waves,
Invited to watch its vibrant light,
On the horizon I sit; mused
The balance between beauty and disarray,
Its pure untamed sublime perfection.

Letter to a Younger Man

Bryan A. Sisk, MD

Dear Bryan,

It has now been 13 years since you started medical school. As I look back, I can now connect the dots with perspective on the twists and turns of life. Many times, apparent successes have led to failures and disappointments in the end. Similarly, some of the greatest failures and embarrassments were opportunities in disguise, leading to greater successes. I am grateful for the humility and wisdom that came from these experiences, and I hope you will not avoid them. In this letter, I will venture to write down a few points of advice, not on how to avoid failures and gain successes, but on how to accept what life provides while striving to grow and improve.

First, I encourage you to maintain a humble curiosity about all aspects of life. Embrace what you do not know. Jump into uncertainty with a goal of bettering yourself and those around you. And approach this learning with humility. Do not strive to prove yourself right, but to become right. Be willing to modify or discard past ideas that prove incorrect. Strive for philosophy, not rhetoric—seek truth, not adulation. Spread this approach to all corners of your life. Maintain a ravenous curiosity about medicine, science, literature, ethics, humanities, your patients, your colleagues, your family, yourself, and the person who happens to be in front of you at any given moment. Life is full of wonder if you remain open.

Second, make plans, then bend. Have a well-informed direction in life, but recognize that predictions of the future might (and often will) be wrong. For example, you are currently studying to become a basic scientist. You might be shocked to learn that your future career will focus on communication and ethics research, and you will never touch another lab mouse for the rest of your life. Maintain humility that you might need to shift direction to find the best use of your talents and passions. We all want to make the world better, but many of us don't know how. We need to learn through trial and error, which necessitates occasional errors.

Third, approach challenges and opportunities with calculated audacity. Take on exciting projects when you are only 90% sure you will succeed, rather than waiting for certainty. By pushing through that last 10%, you can find the bounds of your abilities. Strive to be the best husband, father, son, Christian, physician, researcher, ethicist, writer, and person you can be. But be warned—you only learn about your limits by occasionally exceeding your abilities and failing. Look at these failures as experiments in which a negative finding is just as valuable as a positive one. Learn from your successes and your failures, and grow.

Lastly, be generous. Despite the myths about "pulling yourself up by your bootstraps," you cannot create your own opportunities. Hard work alone will not lead to success unless it intersects with chance. Be humble with your successes; realize that we are all bound together, and one cannot succeed without the help of others. Also, recognize that you can create opportunities for others, even if you cannot create them for yourself. You can mentor someone who is earlier in training. You can invite a junior colleague to co-author a paper. You can take time to listen to someone in need without glancing at your watch. Try to give at least as much as you take.

Beyond this, I have many other bits of advice, but you should learn these on your own. One can only learn so much from advisors; you need to feel the bumps and scrapes of life. In each of these experiences, try to remember that it's the process that matters, not the ending. Be humble, be curious, be audacious, and be generous. The rest will fall into place.

Best,
Bryan

Wade Lagoon and Cleveland Museum of Art

First Steps

Wenting Ma | CCLCM Class of 2022

My Name is Servant

Abdelrahman Rahmy | CCLCM Class of 2024

Like most people who go into medicine, I want to be able to help others, care for them during their times of sickness, and help nurture them back to health. Sometimes we'll succeed in this, and other times we'll do all we can and it just won't be enough. In the end, all we can do is try our best and leave the rest in God's hands.

On the third day of orientation, while I was driving to school, I received a message from my younger brother in Egypt telling me my grandmother had passed away. Allah yerhamha (May God have mercy on her). I didn't really process what I had read until I pulled into the parking garage and I broke down crying in my car.

After letting it all out, I collected myself, wiped away my tears, and began to walk towards the campus. I sat down and ate breakfast with my classmates and tried my best to act normal, but my heart wasn't in it. I excused myself and found a quiet corner to make a call to my dad. When he picked up the phone, I could hear the weariness in his voice and I did my best to keep myself together for him while we spoke. Immediately after the call I broke down again. I hurried into the nearest bathroom so that no one would see me crying. I washed my face and did my best to collect myself before heading into the classroom for the orientation events for the day. I was doing fine for a while until we got to a talk on doctors and disaster. Some of the speaker's words hit too close to home and it was all I could do to hold myself together until he was done. As soon as he finished, I quickly headed out and ran to the bathroom again. And there I broke down for the third time that day, wishing I could be there for my family, especially my father, to help ease their pain.

The best I could do was to turn to God and pray for my grandmother and the rest of my family. I went through the rest of the day as I had normally planned. I ate dinner with a close friend, and even joined in on a game of soccer with new friends. I surrounded myself with people, with life. I couldn't bring myself to tell anyone what had happened, but just being around them was enough to help me through my grief. They may never realize how much they helped me that day.

My week started off with excitement and a bit of nervousness at beginning medical school. It was then tinged with a deep sadness at the loss of a loved one. Finally, it came to an end with a renewed joy of being surrounded by some of my closest friends and family, as well as new friends, as I officially started my journey in medicine.

I know that throughout this journey I will have moments of weakness. There may be times when my faith will be tested, when I feel lost and alone, and in those times I will trust to God to guide me through. There may even be times when I fall into a sense of security, when I grow arrogant, and in these times I will trust to God to humble me.

I will work my hardest and do the best I can, even when my best may not be enough. For in the end I am but a servant, with my name serving as a timeless reminder...

-Abdelrahman (Servant of the Most Merciful)

A Heart's Journey

Abdelrahman Rahmy | CCLCM Class of 2024

The heart a muscle?
How ridiculously appropriate.
It gets broken, shredded, and torn apart,
Only to scar over, stronger than before.
Hmm no, not stronger... But harder.
For a strong heart is that which shatters,
And yet becomes softer because of it.

A Tribute to Nana

Spencer Seballos | CCLCM Class of 2022

“Nana, what is most important to you?”
“My faith: I relied on that in the good times and bad. That’s something that I wish to impart to all my children and grandchildren—but you have to ask for it and receive it!”

Nana and I were completing a question-based “Memory Book” about her fascinating life, and her Christian faith was a constant theme in her tales. Immigrating from the Philippines, Nana spoke four languages: English, Tagalog, Ilonggo, and Spanish. She was among the first board-certified female anesthesiologists in Ohio, and her medical career spanned 50 years. And somehow Nana had time to raise seven children!

Nana had been diagnosed with pancreatic cancer, and though I was busy following in her footsteps as a medical student, I prioritized visiting weekly and finishing the book. I was sad that Nana was sick but was comforted seeing how at peace she was with the knowledge that she had lived the life God wanted.

At her funeral, 2 Corinthians 4:16-18 was read: “Do not lose heart. Though outwardly we are wasting away, inwardly we are being renewed day by day. For our light and momentary troubles are achieving for us an eternal glory that far outweighs them all. So we fix our eyes not on what is seen, but what is unseen. For what is seen is temporary, but what is unseen is eternal.” This Bible verse personified my Nana. Although her physical body was failing, that pain was only temporary. What is forever is the eternal life that she has in heaven by her faith in Jesus.

My third year of medical school has brought challenges, including the loss of my first patient. As I wrestle with these moments, Nana’s example, faith, and presence has been my enduring and comforting inheritance.

Infusion

Lamis Yehia, PhD

From cradle to grave
One may witness multiple rebirths
None more notable than living with cancer
Out of sight, cancer cells feed and grow and
collide and meander
Awaiting the timed infusion.

In all this animated universe, of
motion and commotion and
sound and blunder
Time stands still as the pure drip
Drops gently like effortless sand in an hourglass
Nectar gifted to a mighty hummingbird
Standing still midst flight
To conquer.

Infusion is fight and flame and
hope and symphony,
haze and foreign port, and anchor in the air
The soul dives in vascular labyrinths
Deep roots of an eternal arbor vitae
A promising elixir
Epic journey that begins
and ends near the heart.

The Buffer

Alyssa Maldonado

As a Chaplain Resident for one of the busiest hospital locations in the world, I have the privilege of not just meeting people from all walks of life, traditions, and cultures, but watching in real time the foot traffic that takes place in these hallways. I often wonder how many people have walked these halls before and how many will be welcomed after me. If you listen closely, you can hear the different types of shoes that echo with each step taken. Whether it is the clicking heels of someone with a worried look rushing to catch the elevator, the heavy thuds of a worker’s boots as he finds his way with tools in hands, the squeak of a new sneaker that belongs to a child holding his Grandpa’s hands, or even the wheels of wheelchairs rolling by, the floor captures everything. It captures drops of coffee that perhaps belonged to a caregiver working a twelve-hour shift or it may have a floor streak that will require a buffer. Have you ever thought of the role and TLC that a buffer provides to the floor to give it that extra shine or to make the hallways echo just a little louder?

I was working an overnight shift when I first started as a Chaplain when I was paged at 3:45 in the morning to a patient death. As I prayed and sat with the family and listened to stories they were sharing about their loved one, I experienced the laughter, tears, and silence. I was invited into their space to share their floor, where a variety of emotions were being birthed or perhaps re-birthed. As I walked back to the on-call room, I happened to be crossing the usually busy lobby of the hospital when I truly noticed how dark and quiet it was. I decided to pause and take it all in. The quietness and emptiness were something to be witness to because in just a few hours, thousands of footsteps and sounds would take over. It was in that moment of observation that I heard the soft whir of a buffering machine turning the corner. I watched for a few minutes and saw the new gleam of the floor shine once it moved past that area. I saw the darkness before the buffer touched it and I saw the newness once it passed. The buffer represented so much more than a mechanism to clean floors. It meant that in those moments when emotions arise in our lives and may indeed become congested like the busy hallways, the spirit has a way of buffering our own hearts with time. It does not mean it did not happen. It does not mean that one set of footsteps or emotions is more important than the other or even that it won’t happen again.

If you happen to look down at the floor the next time you take a step, or listen attentively to the sounds, any sounds, the floors can make from other people, think about the buffer that follows closely behind it. Think about the newness that will come in time.

Using Epic Haiku to Write Haikus

Jeremy Weleff, DO

Winner, House Staff Association Writing Contest

Reflections of tiny moments as a resident physician / caregiver at the Cleveland Clinic. Inspired by the mindfulness teachings of Jon Kabat-Zinn.

Looking for shortcuts
Around this large hospital
How did I get here?

———

The walls have humour
The photo of Jack Lemon
Puckering old man

———

Cafeteria
Sushi isn't all that bad
-- but every day?

———

Epic has trained me
To use these three asterisks***
As thought place markers

———

***
***
***

———

Hospital at night
Who chose this strange,
space music?
The final frontier

———

The pager goes off
Ahh, only a false alarm
Back to restless sleep

———

Three in the AM
Patient confused, angry, loud
More delirium

———

It's a strange disease
To be up all night again
And not know your name

———

Everything shines
Painters painting white
walls white
Angels in the night

———

Imperturbable
Osler finds an MRI
What is all of this?!

———

Family confused
Patient even more confused
Intern lost at sea

———

Lost looking person
Cafeteria this way
No need to worry

———

Hoping for a cure
Only have condolences
Wishing for right words

———

Take a long break, breathe --
Living with the suffering
-- I will hold your pain

———

You came from how far?!
You travelled here and see me?
I hope I'm worth it

———

Productivity --
Was I not doing enough?
-- How could I do more

What You Don't Know Can Hurt You

Tom Abelson, MD

On July 4, 1956 as a 5-year-old, I went to bed well. I don't mean that I had cooperated with my parents during the bedtime ritual. I mean that I felt fine.

I awoke in the middle of the night to find myself writhing in pain on the hardwood floor beside my parents' bed. They did not wake up until I started vomiting. The floor was wet from vomit and sweat. I could not stand up.

The girl in the next bed in the emergency room had blown out her eye with a firecracker. Therefore, I vowed to never touch fireworks. I kept that vow until, for some illogical reason in college, I threw a firecracker into the shower where my roommate, the star basketball player, was showering. He reacted and pulled a groin muscle. So much for great ideas. And I was sober at the time!

Perhaps I really did count to 100 before succumbing to ether anesthesia. Or maybe that is a legend in my own mind. But they removed my ruptured appendix and that was that.

My next memory involves sitting in my backyard on a chaise lounge, with the neighbor girl who was babysitting. Tammy was in high school. She was beautiful, with red hair. It was 10 days after surgery and I had not yet eaten a meal. I was thin as a fence post before surgery. I could hide behind that fence post 10 days later.

I have few memories of the second operation, other than my grandmother scratching my toes that itched after surgery because of the IV in my foot. But they did fix whatever the problem was. My gut started working, I started eating. Life went on. I don't remember much else. I have no idea why I remember Tammy's face.

In the fall of 1974, I was a second-year medical student. I flew to New Jersey for my grandparents' 50th wedding anniversary. Grandpa Lou told me that things had not changed much for him after 50 years of marriage but, "Now it takes me all night to do what we used to do all night." Grandma Lil and I talked about past shared experiences. I told her of the foot-scratching memory.

She asked, "Do you know why we were there then?"

"You came to visit me when I was sick."

"No, we came then because your parents told us that you, our first-born grandchild, were going to die!"

I did what any self-respecting, curious (suspicious) medical student might do. I wrote to the hospital asking for my medical records. The operative report said, "A midline lower abdominal incision was made. Adhesions between the anterior abdominal wall and the bowel were cut, relieving the bowel obstruction."

Realization 1: In those years there was no intravenous technique to provide nutritional support. If you could not eat, you would starve. I could not eat because of the bowel obstruction. After the second operation I could eat. Life goes on.

Realization 2: Adhesions do not form immediately after surgery.

Realization 3: The surgeon had obviously, mistakenly, negligently caught my gut with the sutures that he used to close my first incision! Life goes on.

Grandpa Lou would die later in the year of his 50th anniversary. He had a devastating stroke. Just before he lost consciousness in the emergency room, he spoke his last words to the nurse. "Don't let my wife find me alone in here with you."

Maybe the genes I received from my beloved grandfather were the reasons that I remember Tammy's face.

Growing Pains

Madeleine Schroedel

all my muscles are sore.
it started in my legs
taking away the ease that it was simply to walk
then it curled behind and tightened its grip.
this morning it snaked up my back like ivy
and now it's got a hold on my neck.

i step this foot out of bed
reach for a ground too far from my toes
so i stretch
arching my foot like ballerinas do but
there's still a gap that hasn't gotten any smaller.
maybe my bones are shrinking.

today we learned of apoptosis
how cells destroy themselves
when they become only a burden
and i wonder if an entire being could do that too.
but then i wonder if it is the body that burdens itself
or is it the toxins that have it invaded
have it folding over on its own intentions.

when i say my bones are shrinking, well
it all just feels tighter.
my sister asks me why i have my shoulders up near my ears
and i laugh, letting the tension release but
maybe i've grown accustomed to pulling myself in.

in elementary school
they teach you how to make yourself smaller
when disaster strikes

Essence of Residency

Daniel Moussa | CCLCM Class of 2021

Reflections of rotations through a series of Haikus

How's your mood today?
CBT, SSRI
Pure Psychiatry

Preventative Care
Chronic disease management
Is Family med

Breathe in! PUSH! Good job!
Women's rights.
OB/GYN

Mostly magicians
Hammers, tuning forks, penlights
Brains, Neurology

Babies and Children
Adolescents and teens is
Pediatrics

Dark room all day long
Scrolling and dictating, too
Radiology

Adrenaline buff
ABCDE and labs
Emergency med

Hospital rounding
Consult some subspecialties
Certainly IM

When I count to ten
You will fall aslee-
Anesthesia

Time Out! Incision!
Report: minimal blood loss
A good Surgery

Pathology note:
Clinical correlation
Is recommended

Hearing

Shadi Ahmadmehrabi | CCLCM Class of 2021

Bzz bzz bzz
It's earlier than usual
Thank God you had the alarm to wake you up
The sun won't be up until you've reached the hospital
Where you, a medical student, will be spending the day watching cochlear implants
You went to med school to become a pediatrician
But some beast inside you woke up on your surgery rotation
And you can't send it back to bed.
So now you're "interested in ENT"
But really, you're interested in everything that happens here
The things that you could not have even explained to your younger self
The things that you've seen happen with your very eyes but still don't believe

You watch the focused surgeon drill a hole into someone's head
Disassemble the layers of protective tissue
Glide past the structures not meant to be touched
Until she tells you that you're looking at the round window
"Oh, I've never seen a round window before!"
Did that sound dumb? Maybe she didn't hear.
She slides the electrical lead in to the cochlea and you imagine it curling up like soft-serve ice cream on a warm summer day
The audiologist tests the device, to make sure the reward will be sweet in the office later
When the dust has settled and the device can be turned on
You won't be there for that moment, and you wonder if you should have gone to audiology school

After the last case, you leave the OR exhilarated
I'm going to be a fixer!
I will give patients back what they never deserved to lose

Anything is possible!
You call your mom to tell her

That night, you go to a concert with your girlfriends
Their laughter sounds more melodic than usual
Or maybe you're more appreciative of sounds now
You plug your ears when the thousands of tweens around you screech in unison
You listen close for the reaction of a father whose daughter screamed "Do you even know what this is?"
"A concert."

The next day, you're in clinic with the same graceful surgeon
You watch her explain to a man too young to lose his hearing
That it will never come back
That it's an expected outcome of the procedure he had done
His wife tells him it will be okay, that at least he doesn't have a brain tumor anymore
He didn't know that hearing his grandson's first words was a bargaining chip

I can't be a fixer.
I can't give patients back what they never deserved to lose.
Some things aren't possible.

The next patient says she hasn't been able to hear properly for years
"Has this been constant?"
She says you're going to think she's crazy
But that she woke up Christmas morning suddenly able to hear her husband's breathing for the first time
It was 3 am
She sat in the living room with the radio on until the sun came up
She was afraid to sleep and lose this again

After the Storm
Lamis Yehia, PhD

Grayce

Mark Oster, M. Div.

We talk about how life can change in an instant. It's another thing to live it. I was heading to a concert with my wife when my phone rang. Eight-year-old Grayce had been shot in the chest, murdered by her father who'd also shot and killed his wife and then turned the gun on himself. Frozen, shocked, could not absorb this news! The car turned around on its own as I headed to the scene. The grief-stricken grandmother lifted a wet face as the grief came in waves, pouring out of her as disbelief, rage, and a cascade of tears all at once. While I could tell you more about the journey of Grayce's parents and siblings, I choose instead to give a first-person account of the events with which I am most intimately acquainted.

Grayce's immediate family had been troubled, as her father, Kyle, was a consistent abuser of alcohol and drugs. Her mother, Ann, had come to me for counseling and support. Typical of codependency, she was focused on fixing her husband while internalizing the verbal abuse he spewed out at her while using. I referred her to Alanon, worked with her on identifying her own feelings, and tried to get her to think about and focus on what she could do for herself and Grayce. Eventually, I saw Ann and her husband together and learned that the eventual perpetrator's father had committed suicide. His sister had shot and killed her grandchildren and then killed herself 6 months prior. I referred them both to a professional psychologist, skilled in drug and alcohol counseling. I even met with Grayce and her mother. Grayce ran to the altar for every Sunday "message for children" and loved her Church, as the people loved her too.

A week prior to the shooting, Ann came to me and told me she was preparing to leave her husband. Her parents had agreed to take her in. Two days later, violence won out.

In the days and weeks that followed, I conducted the funeral for Grayce and for Ann, comforted the congregation, and put on a brave front. But I learned that taking care of other people is not the same as taking care of yourself. I could not sleep, could not stop the crying bursts that came, strangely enough, mostly when I was driving. I suppose I couldn't get up and move and run away from the tears in the car. The emotional jumble I experienced was confusing and debilitating. Every time I took a step forward, I took two backwards. When I had a good day, I felt guilty.

Then I sat in front of the same psychologist to whom I'd referred Kyle and Ann. I learned that one of the main predictors of a family member murdering another family member was if there had been such an act previously in one's family system. That helped me on an intellectual level, but was not mainly why I needed help.

What could I have done differently? How had I failed this family? Eventually, I learned that blaming myself was a reflection of my grief and unproductive. In time, scar tissue began to cover the overwhelming nature of my grief. With medication and counseling, as well as the help of friends, I began to heal. I remember almost nothing of what my friends said to me. What I remember is how the few who helped the most were simply present, resisting the temptation to fill the space with words that would have sounded empty and meaningless.

Over time, I learned from my own suffering. I learned to be a more sensitive, more empathetic human being. I became a chaplain. I learned even to have a kind of empathy for the suffering Kyle surely must have known, even if I cannot ever come to terms with the senselessness of an act that makes no sense. Maybe Kyle couldn't stand his own suffering and in his mind was going to take his spouse and daughter with him to be with his sister, father, and nieces and nephews. Certainly he was not well, not in his right mind. But if you ask me to understand how a father can shoot his eight-year-old girl in the chest as she faces him, I do not have an answer. And I pray that I never will.

The Canyon Path

Lyla Blake-Gumbs, MD

As does life, The Canyon Path offers choices...
This way over the boulders, that way across the felled tree.
Up high over the well-worn route or down through the lesser travelled wash, punctuated by crystalline streams.

It offers footholds into which you may step firmly and confidently, but also proffers unreliable landings which threaten to tumble you lest you become too sure of yourself.
It offers random branches which reach out and beckon your grasp, hoping to pull you up from some deep chasm of hopelessness... if only you would just take hold and Trust.
Long-ago toppled oak spread their roots across spans of impassable terrain, inviting you to traverse them as you teeter, precariously, balancing on their centuries-old lengths.

Through the canyon, the wind whines, screams at times, threatening worse.
And passing clouds dance, imparting alternating waves of warm rays and damp, chilling reminders of the impermanence of joy.
At times you stray off the path and begin to fear you'll never find your way back.
Then you emerge at the trailhead and wonder why you ever gave Fear permission to take hold.
Like life, there are moments of trepidation and moments of exhilaration; times of loneliness and times of triumph.

The Canyon Path, faced with a spirit of courage and acceptance, is a comforting reminder that all is as it should be.

Lessons from Loss

Bethany Bruno | CCLCM Class of 2021

We met while interning together at Mayo the summer we applied to medical school. I was terrified to move halfway across the country by myself, then surprised that I could make such an incredible friend in so short a time. Writing, editing, and rewriting our applications provided a unique, intimate opportunity to get to know one another. When the summer ended, we visited each other at our respective colleges, my roommates becoming his friends, and vice versa. I was absolutely thrilled when Max moved to San Francisco to train at UCSF; he was going to be an amazing physician and lifelong friend. But his family had a history of mental illness, and he was diagnosed with bipolar disorder after disappearing in a manic episode during third year. This January Max took his own life, leaving a nationwide network of loving friends and family behind.

I have had a lot of time to reflect over the last few months. There is no good in what happened – Max was only 26, there was so much he was meant to do on this earth, and no matter how you view it, his loss is a tragedy. Nevertheless, in processing his death, I recognize that I have developed a deeper understanding of grief and how to support others through it.

The first day I was on my obstetric ultrasound elective, a young woman came in alone for her 12-week ultrasound. She smiled and laughed as the sonographer put the probe to her belly, excited to see her little one on the big screen. Within seconds that smile became uncontrollable sobs as the sonographer informed her that the fetus was dead before promptly leaving the room. Unsure what to do, I stood there helplessly – then quietly followed in the sonographer's footsteps.

Looking back, I wish I had stayed. I wish I had held her, or at least given her a shoulder to cry on. When I received the call that Max was dead, my roommate held me up when my legs couldn't. In medicine, we often shy away from people's pain. We sit the family down, tell them their loved one is dead, and in the discomfort inherent to the moment, want to escape the situation as soon as possible because there is nothing we can say to make it better. But we can be present, we can provide support, and on the worst day of your life, anything is better than being alone.

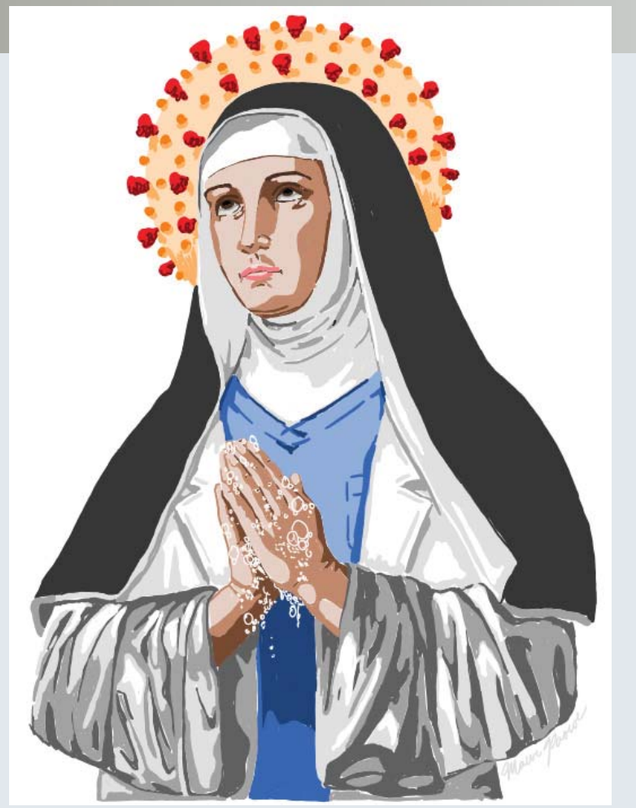
Telling people that my friend had died also taught me a lot about how to respond to others' loss. Some tried to tell me that Max was in a better place, which felt empty. At age 26, it doesn't matter whether there is a Heaven – you are supposed to be living out life on Earth. Others quickly tried to change the subject, unsure what to say after a brief "I'm sorry." But what was most helpful, and the most healing, was when people asked me about him. I talked about how Max was candid, humble, brilliant, and genuine; how he was fun-loving, spontaneous, and colorful; how he was one of the most compassionate, kind people I have ever met. Soon we would be smiling and laughing about how he was determined to learn

to unicycle, and how he could always be counted on to wear a banana suit to a friend's formal. I am proud to have been his friend – sharing who he was and what he meant to me somehow made the end of our friendship on Earth just a little bit more bearable.

Looking ahead to my career as an obstetrician-gynecologist, a lot of my practice will be happy, full of new life. However, tragedy on Labor and Delivery is some of the most difficult and painful in all of medicine. In these situations, I will remember what I have learned over the last few months: I will never again leave the room out of discomfort. I will be emotionally competent, not just technically competent. I will stay to support and to listen. My favorite picture of Max and me, taken the day we both committed to our dream medical schools, will always sit on my desk as a reminder.

Love and miss you always.

*Know that you are never alone. Please contact a mental health provider if you are having thoughts of hurting yourself. Your classmates and I, as well as the administration, are here for you.



The Fear

Maeve Pascoe | CCLCM Class of 2024

This image came to me all at once. It was conceived of and created on March 16th, less than a week after the declaration of the novel coronavirus as a pandemic, on the day that my mother received word that the hospital she works in had their first confirmed case. In my mind I saw the corona of the coronavirus like a halo, capturing the minds and attention of the entire planet, with healthcare workers as those diligent foot-soldiers of humanity, doing their best to heal. Rhythmically we wash our hands, our only rosary the soap we hope rids us of any trace of virus. The title of this piece comes from the song of the same name by Lily Allen. Her chorus spoke to me at the time, and still does, as we continue our journey through this ordeal: "I don't know what's right and what's real anymore; I don't know how I'm meant to feel anymore. When do you think it will all become clear? 'Cause I'm being taken over by the fear."

A Stone's Throw

Ellen Brinza | CCLCM Class of 2022

How many new beds will be sown
By the time it's all said and done?
Will it be "said and done"?
Or will it just... be.

Will it be a mentor? A nurse? A friend?
The faculty who "borrowed" my pen?
Dare I go home? Dare risk being the one to blame
When ashes turn to stone?

Far away
From those who carry,
At least 6 feet
From those who spread,
I retreat,
Find solace
Among the stillness
Of the dead.

But idle hands, they churn, they burn
Dry and cracked as stones that read,
"Beloved Father. Mother. *Babies*."
Fleeting solace, begone.

I turn, I run.
I run from those
Just 6 feet
Beneath my soles.
I run, I run,
I can't outrun.
The question,
Still it haunts.

Once the ice trucks return to ice,
And the shadows, they turn towards dawn,
How many new beds will be sown?
Please, I beg of you, stay home.

Midnight Cadence

Rubabin Tooba, MD

I jolted awake, my heart racing. *My brother is dying.* My eyes began to well up with tears, and I started to cry.

I just saw him, well a 2-year-old him. Running around and playing, he was full of laughter and happiness. And suddenly, he screamed in pain. I looked over, as he sat down bleeding, appearing to have injured his eye badly. He began to cry. I ran to him, the 28-year-old me. And I held him, "Are you ok? Buddy, are you ok?" I brought him close. For some reason, I could sense that he was not going to make it. I hugged him tight, "Buddy, listen to me…everything will be ok…the pain will go away soon, I promise…"

After several moments of crying, I realized it was a dream. I sat up in my bed, glancing at the clock. It was 12:50 am. Wiping the tears from my eyes, I slowly processed the absurdity of my dream. My brother was 16, not 2. He lived states away, taking virtual classes, safe and healthy. I planned on seeing him the following week. But with COVID, I decided not to, for his safety and that of my older parents.

I was deep in an ICU service, restless and preparing for the surge in COVID cases. We tested our suspected patients, but thus far, no one had come back positive under my care. Days and days later, an eerie feeling began to settle in. As the city became more vacant during my commute to work, a sense of isolation and melancholy began to define my existence.

I sat on the edge of my bed, head in my hands. The darkness of the room felt uneasy, my heart remained restless. And even though I had gotten myself to be more awake, a deep sadness filled my heart.

I hadn't seen my friends in weeks. Yes, we had all connected in the virtual ways of the time, but it wasn't the same. We all had to work in our different services and actively chose not to see each other due to the fear of exposing one another. I couldn't see my family, I couldn't see my brother after months and months of residency. But that too was self-inflicted; it was to keep them safe. Despite the common mission that united us all, I felt alone. And in that vulnerable moment, I regretted the self-sacrificing nature of the profession I had chosen.

I stepped out of the bedroom and into the living room. The wood floors felt cold on my feet, while a savory essence lingered from the evening's cooking. I found a spot next to my large window and sat on the floor. My clock ticked subtly in the background, and the dark of the room engulfed my warm presence. The windowsill felt cool on my forehead, and I glanced at the all-too-familiar city I had chosen to call home. Street lamps twinkled, and rare cars came to and fro, making their commutes during the shelter-in-place. And…birds?

I looked confusedly outside, *is that someone's car alarm?* Curiosity got the best of me; I cracked the window open for a better listen. A lighthearted chirp and then another echoed, creating a pleasant exchange between creatures that I had rarely heard in this part of Cleveland. Especially at 1 am in the morning. A midnight cadence was fully underway.

Spring, I thought, *The birds are back because it's spring*. How hopeful of them to expect blossoming trees and temperate days. My mind envisioned the beautiful cherry blossoms around Wade Oval, the flowering trees bordering the Clinic, the rain turning the grass into a lush green, and the colorful sunrises and sunsets. The birds were chirping at such a curious time; even they knew the way of the world. There were beautiful days ahead.

~

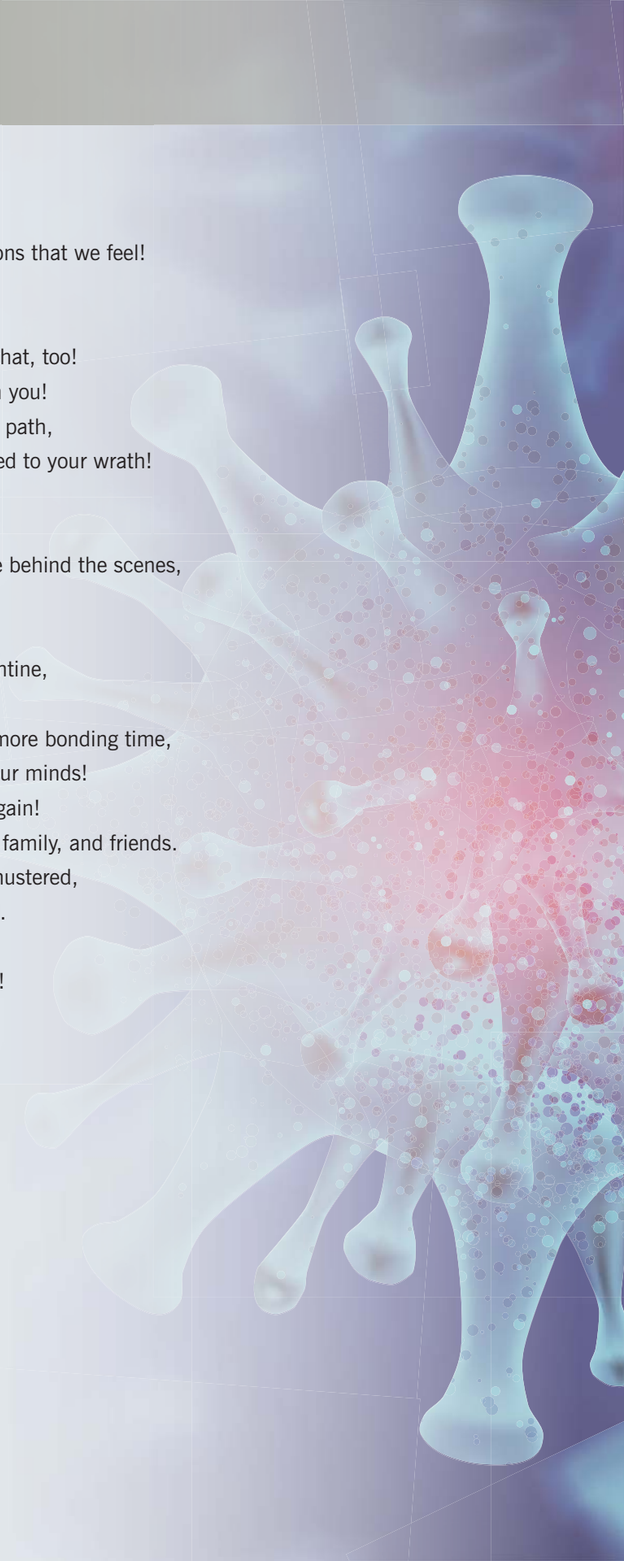
Something beautiful blossoms from every experience that life brings our way. I hope we can all reflect on this uncertain and isolating time and discover the same, soon.

March 30, 2020

COVID-19 Beast

Patricia Aoki, RN

COVID-19 virus, your grip is REAL!
Invading our every thought and action, triggering the emotions that we feel!
Anxious, confused, angry, fearful, sad…
When will we return to the life without you that we had?
At a time when touch could comfort, you've stripped us of that, too!
We have to socially distance to take some power away from you!
You threaten to deplete the resources available to curb your path,
And despite valiant efforts, so many have already succumbed to your wrath!
You will not defeat us, though, for as a nation and a world,
We are rising to the challenge to stifle your hold!
We applaud the frontline workers, the leaders, and all those behind the scenes,
Without each link the chain is weak,
United we are strong and a formidable team!
We're all in this together, so we'll stay home and self quarantine,
Wash our hands until they're raw, sanitize and clean.
We'll lean into the positives: kindness, a slower pace, and more bonding time,
We'll lift each other up when we want to scream and lose our minds!
When you are finally weakened, we'll rejoice and breathe again!
Hug, kiss, laugh, and GATHER! Reconnect with coworkers, family, and friends.
Respectfully mourn the fallen, reflect on the resilience we mustered,
Heed the lessons learned, help to rebuild what has suffered.
COVID-19 virus… GET OUT, GO, BE GONE!
You were never welcome and you have stayed way too long!



Holding Spirituality and Vulnerability in Times of Trauma

Imam Jawad Bayat

When the Christchurch mosque shootings occurred on Friday, March 15, 2019 during the Friday (Jum'ah) prayer service, I was working my chaplain overnight shift at the Cleveland Clinic's main campus in Cleveland, Ohio. I read news about it earlier in the night but, looking back, I emotionally compartmentalized the experience at the time.
The gravity of the tragedy hit me more fully at the conclusion of my shift, during our staff's morning report. As my colleagues expressed their sadness, I found myself weeping. I reflected aloud about how, in moments such as these, Muslims realize our physical vulnerability during our acts of ritual prayer. When engaged in ritual prayer, or *Salāh*, we are intended to face solely in the direction of Mecca, unless doing so physically endangers us. In my roles as the Muslim Chaplain and Imam to our large community of Muslim patients, families, and staff, I felt a heightened desire to gather the community, but at the same time, a responsibility to address our safety in worship. Within the next week, in addition to taking time to reflect, pray, participate in a vigil, and lead an Islamically inspired prayer service at our hospital, I worked alongside my director to install security call buttons for our Muslim prayer room and other sacred spaces. In the juxtaposition of these actions, I was reminded of the way in which *Salāh* embodies opposing tensions: as we become spiritually vulnerable to God through sacred connection, we deepen our vulnerability to the world around us. In holding these opposing tensions, my community and I sought to fortify our safety measures, while also placing our trust in God.

During my time providing spiritual care as an educator and chaplain, I've become more aware of my role in igniting discovery and empowerment, while also caring for self amidst the sacred space of encountering others. The holding of the opposing tensions of these sacred encounters is prefaced by feelings of powerlessness. Indeed, it seems the spiritual wholeness that we seek can only be truly experienced through the practice of living, the daily practices of our lives. Years ago, my lived theology was profoundly transformed in responding to a request for an Imam/Muslim Chaplain from a patient's husband. A pregnant mother had died during what was expected to be a low-risk routine procedure. The family was new to the U.S., with younger children attending school. In providing spiritual care for the grief-stricken father, I felt enormous emotional weight as I accompanied him in his shock. I sought to be a non-anxious presence by his side, advising him on the Islamic ritual questions he raised, and facilitating communications between the staff. At the encounter's end, as I walked away, I recall an overwhelming sensation came upon me. Soon thereafter, when I made some quiet time for myself, I began to cry and pray. I told God, "Thank you for providing me the privilege of caring for this husband. Continue to guide me as I do your work, and grant them Your peace in the way only You can." I sought to do my part and to leave the rest with God.

Within my Islamic tradition, God is conceived of having ninety-nine attributes, or names. Some such names appear contradictory, like that of an-Nāfi (The Creator of Good) and ad-Dārr (The Distressor). I have come to learn more deeply that this offers a spiritual teaching: these attributes are in fact complementary to one another. The attributes speak directly to the human experience of God, and of life. Indeed, holding these opposing tensions helps us more deeply realize not only the wholeness of God, but the wholeness of our very own realities. Within my worldview, it is not "why did God do this", but "how is God present" as I endure.

"This was first published in the support materials accompanying the Healing the Healers (http://healingthehealers.org) documentary series from Odyssey Impact."

That Wanaka Tree

Alice Tzeng | CCLCM Class of 2021

That Wanaka Tree (Wanaka, South Island, New Zealand). Around March 17, 2020, this iconic willow tree was senselessly vandalized by unknown individuals. This photo was taken several months before the attack, which sheered off multiple large branches. The tree began life as a humble fence post, slowly growing over at least eighty years, and has been viewed as a symbol of hope by locals and tourists alike. It may take decades for the damage to be undone, but so far the tree continues to cling tenaciously to life.

On Kindness

Richard Prayson, MD

To quote Maya Angelou, “The best part of life is not just surviving, but thriving with passion, and compassion, and humor, and style and generosity and kindness.”

We live in a world driven in part by ambition, self-centeredness, egocentricity, and selfishness. Medicine is a profession which in its ideal is a polar opposite to this; it’s all about service to others. But this ideal is often challenged, struggling to find a balance with other forces: financial, economic, political, regulatory, all superimposed on issues that are related to the host of personality types we encounter each day – not only patients, but those we work with, those whom you encounter outside of work, and yes, even those who you may call your friends and family. Kindness, I believe, is an important strategy for maintaining a balance in this world and I thought I’d spend a bit of time reflecting on a few aspects of it.

What is kindness? It has been defined as a behavior marked by ethical consideration, a pleasant disposition, a concern or consideration for others. It is considered a virtue and recognized by many as a value. Aristotle defined it as “helpfulness towards someone in need, not in return for anything, not for advantage of the helper himself, but for that of the person helped.” Psychology studies have suggested it is inherent in human beings. Barbara Taylor and Adam Phillips have suggested that “real kindness changes people in the doing of it, often in unpredictable ways.” Mark Twain considered “kindness a language which the deaf can hear and the blind can see.” The Christian apostle Paul lists it as one of the traits of love. Studies have attributed a whole host of benefits to it including lowering of blood pressure, increasing self-esteem and optimism, increasing one’s sense of energy level, making one calmer, and increasing the feeling of self worth and happiness.

There are two aspects of kindness that I believe are worth some consideration. First, there is the unanticipated impact kindness can have on the recipient and the bestower. As a medical student, there is often a sense that one knows very little. One feels like this at the start of residency as well. Presenting oneself to patients as a health care provider seems to heighten the stress and truth of this and can be anxiety provoking. Patients do not always know what a student knows or does not know, what exactly the student role is, or even sometimes that the student is in fact a student. Students wear a white coat. Doctors wear white coats. It is not unusual in this setting to feel like an imposter. Patients are particularly vulnerable in the hospital – they are often afraid, confused, and unsure. They feel stripped of their autonomy. They physically or mentally feel poorly. Interestingly, studies have shown that patients often view the medical students as their primary caregiver in such settings. Why? The student took the time to talk with them, letting them know they are important and worth listening to. The student took the time to explain things to them in terms they could understand, and by so doing empowered them. The student listened to their fears and their angers and thus validated their human reactions and emotions. The student tried to advocate for them, reminding them that they are of worth and that someone cares. This is kindness! It is one of the greatest tools we have at our disposal as a health care worker and physician, one which I think sometimes we forget about, especially when in a hurry or self-absorbed. No, there are no RVUs associated with it and yes, it takes a bit of time. Please, do not forget about it. Again, paraphrasing Maya Angelou, “I’ve learned that people may forget what you said, people may forget what you did, but people will never forget how you made them feel.” Take the time to make patients feel what they need to feel.

Being kind is not always the same as being nice. Being pleasant does not always make other people happy. Sometimes, it means disappointing other people or making them angry. Sometimes, it means telling a truth that someone does not want to hear but needs to hear. Sometimes, it is about saying “no”.

In dealing with people, we often do not know what baggage they are carrying around with them. As I walk down the hallways at work, I pass people every day, not knowing what struggles, what losses, what stresses, what fears, what insecurities, what feelings they may be hiding and keeping in check below the surface. And as a result, the unanticipated consequences of one’s kindness can be much greater than the often small gesture of kindness itself. This reminds me of a recent experience I had.

There was a woman who worked in my department. She was always upbeat. She is one of those rare people who would always say hello with a smile, as she passed you in the hallway, always said “please” and ”thank you.” One day, she knocked on my office door with a question. She asked her question. I answered and in her usual fashion, she thanked me for taking the time to answer the question. I asked her how she was doing. In her usual, optimistic fashion, she indicated that she was fine.

“Are you?” I gently inquired, sensing something. There was a pause and her smile vanished.

“Well, I’m feeling a bit stressed.”

“I’m, sorry. Is there anything I can do to help?”

Another pause. “No. I’m just really worried about this woman I saw at the shelter a few days ago.”

This is the first I heard that she worked at a shelter, I didn’t say anything and waited.

She paused again, looked behind her and slowly turned to close the office door. “She is in a bad place. Her husband beats her pretty badly, when he gets drunk, and she is afraid to leave and she is afraid to stay. She has two little girls and is also pregnant.”

“That sounds horrible.”

“It is. I just don’t know how to get through to her. She needs to leave.”

“You are doing great work. Just listening to her is important.”

There was another pause. A tear started down her face. “I know what she is going through. That was me once. She has to leave, but I know it is so hard.”

Quite unexpected.

The other aspect of kindness I wish to briefly touch upon is the one I find particularly challenging. How and why should one be kind to someone who is not kind in return, someone who is mean, angry, selfish, self-centered, emotionally unintelligent, has no scruples, who hurls aggressions and microaggressions at you, people who treat you poorly? Being emotional beings, our natural inclination is to respond back in a like fashion- to fight, to argue, to pout, to act in a passive aggressive way. I am not sure I have the perfect answer on how to deal with these situations. Researchers have suggested that kindness may be still the best strategy in these settings in the workplace, citing the concept of indirect reciprocity – even if the person you are trying to be kind to does not seem to care, others might take notice of your kindness and form a higher opinion of you. I might suggest another reason to persist in being kind under such adverse conditions.

In my office, I have a plaque with a quote on my

On Kindness continued

board; the same quote has a place on the refrigerator at home. Paraphrasing the words of Mother Teresa and what is written on my plaque:

"People are often unreasonable, illogical and self-centered. Forgive them anyway. If you are kind, people may accuse you of being selfish and having ulterior motives. Be kind anyway. If you are successful, you will win some false friends and some true enemies Succeed anyway. If you are honest and frank, people may cheat you. Be honest and frank anyway. What you spend years building could be destroyed overnight. Build anyway. If you find serenity and happiness, they may be jealous. Be happy anyway." The good you do today people will often forget tomorrow. Do good anyway. Give the world the best you have and it may never be enough. Give the best you have anyway. You see, in the final analysis,… it never was between you and them anyway."

In the end, it is about each of us being the best person we can be, the kindest person we can be, despite what the rest of the world might think or do in response to that. In the end, we have to live with the person who we decide to be.

In dedication to the Class of 2020 and to all the students I have had the privilege to come to know. Take care and be kind.

Where Does Your Peace Live?

Sidra Speaker | CCLCM Class of 2021

So often, in the hospital, we and our patients are stressed. During my psychiatry rotation and since then, I have found that it really helps certain patients (some with PTSD, some with anxiety) to meditate - without necessarily calling it that - by remembering sensations from a time when they felt peaceful. Most of us are lucky enough to have felt safe and peaceful at some point in our lives, particularly in childhood, and I have found that going back to the sensory details of these specific memories is an exceptionally good way for me to calm down, gain context, and find peace on the harder days.

Where does your peace live?

Mine lives in the rough silvery trunk at the top of a particular evergreen
At the painted white line that I am supposed to stay below
Where the bendy branches are thin enough to encircle
with fingers that burn from climbing in the morning-crisp air

Mine lives in the crunch of my bicycle tire on a red gravel road
that bakes in the afternoon sun
Curving through a meadow past my teacher's cottage
Where the faintly sweet smell of dry grass lingers
like the dust, sticking to sweat around my nose and mouth

Mine lives in cool, pokey ice plant making lumps underneath my back
And the rhythmic rumble of waves against sandstone cliffs
Where it feels too bright, even through closed eyelids
Waiting for that unpredictable salty shower

Mine lives in the chalky feel of redwood bark
Which crumbles and leaves rust-colored fibers tangled into the hairs on my arms
Where sunbeams pierce the canopy in an extravagance of blue and white
then descend, quiet and golden, to rest upon decomposing dry leaves

My fingers tingle with ripples of textured memory
In the stolen reprieve of a long exhale
And again I find the familiar thread to that core of curiosity
Gentle and attentive
And now I am ready to greet my next patient

In Our Backyard

Sophia Colombari Figueroa
CCLCM Class of 2022

Beautiful scenery minutes away from Main Campus at The Holden Arboretum

A Sterile Field

Deborah Park | CCLCM Class of 2022

"One. Two. Three. Four. Four freaking people who are supposed to be helpful, and yet I can't see a single helpful person in sight."

Once the words left the surgeon's mouth, the damage had been done. The scrub nurse, the circulating technician, and the resident all fell quiet, unsure whether to apologize or defend themselves. Once the silence had hung in the air for more than 3 minutes, everyone's decision became clear: to silently take the criticism. What the surgeon did not realize was that everyone was in the midst of an important task. The scrub nurse was finding an instrument for the resident. The resident's hands were occupied in retracting and guiding the scope. The circulating technician was out getting materials for the scrub nurse. However, the dynamic was clear. He was the surgeon. He was the boss. No one was to talk back. Once the surgery was completed, the surgeon took off his gloves and left the room without a word, leaving the rest of the team to clean up. As a medical student, I effectively hid behind the others, shielded from the line of fire. However, I still felt the tension in the air.

As I went home that evening, a single thought ran through my mind; an operating room can be quickly cleaned, but how quickly can morale be restored?

Touching and Examining Part 2

Kaitlin Keenan | CCLCM Class of 2020

This is a story about sexual harassment. For those of you who know me, you may be thinking, here we go again. And you're right. I will keep talking about sexual harassment in medical education until it no longer exists. If you don't like it, if it makes you uncomfortable or it bothers you, too bad. Sexual harassment makes me uncomfortable. It bothers me. I don't like it.

Now to the story.

We'll call him BM. Take that however you would of evidence from two staff physicians, a peer and a resident. That joke is funnier if you have ever had to write a portfolio.

So I am on an inpatient medicine rotation. My attending offers to teach me how to do a knee joint aspiration. You may see where this story goes or maybe you are one of the lucky ones who doesn't have to approach each and every day as a potential minefield of power abuse. We examine a patient together, he explains the anatomy, how to feel for the gap, where to insert the needle, how to sense when you are in the capsule, how to draw up the fluid. I am elated. As a third year student, it feels like a dream come true to get one on one teaching from an attending, who then lets me perform a procedure. My first clue came as we rode down the elevator. He turns to me, smiles, and says,

"Wasn't that just *orgasmic*?"

Personally, I don't think that the word "orgasmic" has any place in the work place. My antenna is up now, but I don't know what to expect. We sit down at a busy nursing station. He starts reviewing the key points of the joint aspiration and without warning, grabs my knee. He begins massaging it. You could call it palpating. I call it sexual harassment. My whole body is frozen. I feel my vision narrow and hear ringing in my ears. And then the fellow appears and it is over.

I am immediately filled with shame and doubt. Am I overreacting? That was weird, right? Do I have to break it down or is it enough to know that it made me uncomfortable?

You may think that is the end. Buckle up.

I report what happened to at least 3 administrators. I loudly complain about what happened until a faculty member tells me that BM is KNOWN for these creepy moves.

I'm not going to get on my soap box, I am not going to preach because most of you have already heard it and some of you may not care. Instead, I'd like to try out some phrases I have been workshopping for the next time something like this happens to me. Because there will be a next time. And since I am a generous person, for those of you who are uncomfortable, just pretend that this is stand up comedy and not an incredibly painful attempt to process injustice.

So here are some ideas:

- Whoops I think you forgot how to treat a colleague
- No thank you
- Bad touch
- Are you aware of the definition of sexual harassment
- Spell your name for me, I want to get it right when I report this to the police

What do you think?

Tatiana the Crowned Physician

Anthony Onuzuruike | CCLCM Class of 2023

"Tatiana the Crowned Physician" was inspired by one of my friends who is also a medical student. In contrast to the branded Beats headphones in the image, she often sports silver Bose headphones. She may not admit to being an artist, but she has a knack for creating new looks with her attire and hair. Her philanthropy and kindred spirit have continued to amaze me. Medical schools across the country are starting to better understand the importance of diversity within the healthcare field, which helps to recognize and serve an increasingly diversified population. That said, there is diversity even within each culture or ethnicity, and we all carry with us unique experiences and perspectives that define us.

This piece attempts to capture the interrelationship of medicine, music, and black culture. Terminology associated with medical pathology/anatomy such as "DiGeorge", "torsades", "bradycardia", and "gastrocnemius" is featured alongside repeats of cytokines and cell markers such as "IL-8" and "CD25", which illustrate the repetitive nature of studying medicine. Various words are generally located close to their associated body regions. Nowadays, most students study to music and watch online videos to enhance their learning, which also appear in this piece. This image additionally highlights the unmet needs of black physicians in this country. Not only do we wrestle with being respected for our accomplishments, but also with being accepted in the medical environment. Black women in particular feel pressure to have the "right demeanor" or "right appearance", which is an indirect attack on black hair (with all its historical context) and black culture. The medical environment and society are getting better, but there are still places where lack of assimilation results in disrespect and disdain. If we negate the importance of black physicians in medicine, how are we expected to treat black patients when there is already an innate physician-patient power difference? "Tatiana" represents the future of the medical workforce as well as the growth of our society. As she grows in medical knowledge and strength, she will one day be crowned a medical doctor.

The Ghost of Slavery's Past

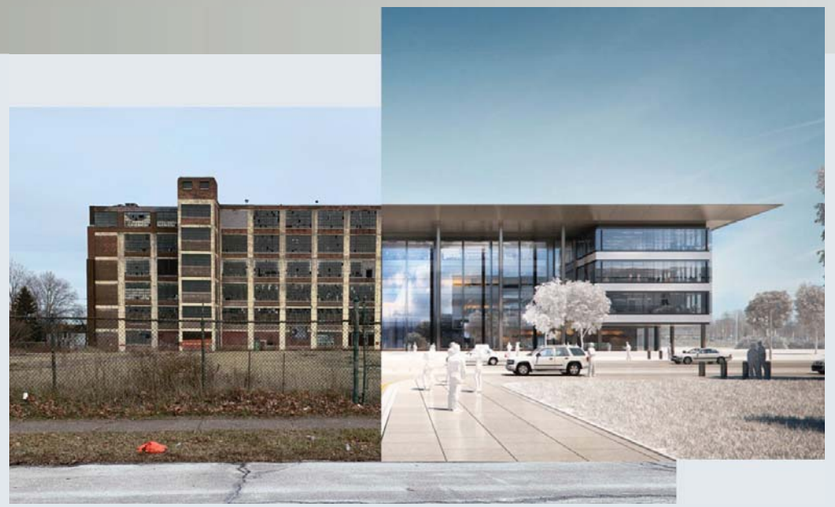
Anthony Onuzuruike | CCLCM Class of 2023

Just Happens to Be…in a White Coat

Lauren Larkin | CCLCM Class of 2021

Winner (Poetry), CCLCM Medical Humanities Contest

I see you, but only because you don't look like me.
What are you? A nurse or a medical assistant?
I see right through your long white coat,
    you can't be a doctor with those nappy curls,
    coils, and locks,
    It's not long and flowing like your light-skinned
    counterparts.
Let me touch it! You've got to be kidding me! It
can't be!
I know! Let's change part of your self-identity and take
that hot comb to your head,
    won't you see, to prove that you're on an upward
    mobility, that's a good thing right?
Let's create the illusion that privilege doesn't exist.
Ahh, that's better! You look more well-kept. Those
dreadlocks were just so disgusting, frightening,
and dreadful.
Wow, it appears that perception is reality in a nutshell.
But,
I am Ebony black, from Nubian Queens and Kings of
the Motherland.
I don't get to know where I come from beyond a piece
of DNA in a box that says "Cameroon."
I'm taking back my agency,
I love my afro-textured hair from the Afro puffs to the
Sisterlocks and Bantu knots.
Oh how I love that textured type 4b,
    black as a raven, glistening against that brown
    skin, that Blue Ivy skin, just like pearls.
India Arie said it best: "I am not my hair."
A woman's hair is her crown and glory,
    But why do I feel anxious about my hair before a
    medical school interview?
Why do I fear that I'm a professional liability?
You know the story about the young black boy that
wanted a summer job, only to find out that he did not
qualify,
    not because he didn't have the skills or capacity
    to learn, or even the prior experience,
It's because he didn't fit into a checklist of
requirements for "Good Hair."
Cultural oppression of self-identity, affirmation of
social divides, confirmation of inadequacy,
Are you uncomfortable yet?
All of this internalizes in my core, creating the
"Imposter Syndrome,"
    having to conform to conventions that have been
    in place since cotton-pickers and House Negros.
Yet,
A blazing fire still burns in me. I will not give in nor
give up.
I am not my hair. I am not my skin.
I am the image of dedication, hard-work, and
perseverance. I am powerful beyond measure.
My ancestors have paved the way for a brilliant,
confident, and fabulous Sista,
Who Just Happens to be…in a White Coat.



Ten Blocks

Robert Unger | CCLCM Class of 2020

Two buildings, ten blocks and a world away

The Little Space Inside

Chan Mi Lee | CCLCM Class of 2021

Some of you might have read the recent article by Kantrowitz, L. et al. "This Doctor's Rare Condition Might Help Us Understand the Roots of Empathy", published in *Vice* on May 7th, 2019. The article talks about Dr. Joel Salinas, who has a condition called mirror touch synesthesia, which means that he can literally FEEL what the other person is going through. Interestingly though, the author writes how "mirroring alone does not lead to empathy. We still have to *choose* to believe another person's feelings matter." Reading this rang a bell inside me, and it prompted me to write my own response. As a medical student, I have yet a lot more to add to my repository of clinical experiences. I am still in a process of understanding what empathy really is. So I am not here to talk about what empathy is, but to share with you what I've come to understand of it so far.

There are many definitions of empathy, such as "being in another person's shoes," or "being able to understand and share the feelings of another." When I started medical school, my personal definition of empathy was "being there for someone" in their difficult moments, because sometimes, the hardest part of a circumstance is not the circumstance itself, but the feeling that "nobody cares." But over time, my definition has evolved to "being open to all possibilities of a story underneath, and being willing to admit it when I miss my 'hit'." This probably is a personalized long-winded version of "*choosing* to believe that another person's feelings matter."

One of my moments of realization came when I was at my Gynecologic Oncology rotation during my third year, seeing a patient who had vulval intra-epithelial neoplasia 2 (VIN2), a pre-cancerous condition. She

The Little Space Inside continued

was coming in to discuss laser therapy. This patient was in her 60's, yet by her stylish outfit and hairdo, she looked like she was in her 50's. During the encounter, one of her first questions was, "Is this cancer?" My attending explained that VIN is NOT cancer.

"But what if it BECOMES cancer? What if the therapy fails? What if you miss something and I get cancer?"

Now, it was at the end of a very busy clinic day, and everyone was tired and dreading all the notes we had to finish writing. Compared to the more serious cases of metastatic ovarian and uterine cancer we had seen earlier in the afternoon, the patient was the most benign and the most treatable case. I have to admit that inside, I was silently rolling my eyes when she appeared paranoid about having cancer. I could understand her worries, sure, but without realizing it, I mentally discounted her anxiety.

'Hasn't she even Googled it, if she is that worried?' I asked myself. My understanding and so-called empathy for her were growing thin. I was vexed. It was almost 5pm.

Then the patient burst into tears. "I'm sorry, but I just started this relationship," she said. "And…and I've never had a boyfriend. I just don't want anything to go wrong."

Wait…What??? I doubted my ears, finding it hard to believe that she never had a partner before. I was used to getting this response from others myself, who sometimes get surprised when they hear that I'm not in a relationship. It was ironic that I was internally having the same reaction I had dreaded receiving from others, finding myself applying a double-standard to the patient. I was the 'odd-one-out' myself but feeling normal about it, and at the same time, I was not considering the possibility that there could be others like that elsewhere. I was ashamed more than anything. I realized that, much like I was making assumptions about her based on her relationship status, I had also been making erroneous assumptions about what drove her anxiety, assuming it to be based on ignorance. I was consciously trying to be empathetic, and I did share her concerns about 'cancer,' but I was not being truly empathetic in that I wasn't open to other possibilities of things that could be making her feel particularly anxious.

Empathy, I think, is not just about connecting with someone, but leaving that free space in our minds to welcome the unrevealed story. To do that, we need to consciously create that free space, with modesty, awareness of our assumptions and judgments, and "choosing to believe" the other person's experience as important.

With this new definition, I'm continuing to catch myself when I close up that little space inside me. As another example, I recently had a patient who was morbidly obese biting off pieces of fried chicken in the examination room, while I was coming in to start the interview. I asked her whether she was hungry or didn't get to eat lunch, smiling kindly outside but frowning judgmentally inside. She replied that she was making sure she had something to eat for her diabetes as she hadn't eaten for certain hours, and apologized for not finishing it before I came in. Compared to what I initially imagined her as ravenously gorging her chicken because of uncontrolled appetite, I realized that she only had two small pieces to stabilize her glucose level.

It's hard not to be judgmental to some degree. It's human nature to create stories about what we see. But empathy is not about relating to the stories we create about others, but rather about relating to the true story behind. It's about letting the true story reveal itself, to allow that possibility of surprise; that little space inside open to all possibilities.

My Patients: The Joy of Medicine

Cheryl E. Weinstein, MD

This set of "Toby" mugs was entered into an Internists as Artist exhibit sponsored by the American College of Physicians (ACP) in 2009. It was inspired by the diversity of women I had the pleasure of interacting with as a general internist, with a special interest in women's health and geriatrics.

I enjoyed many aspects of being a physician, including the challenge of diagnosing and treating illnesses and chronic conditions, and recognizing the psychosocial health disparities that have such a big impact on an individual's health and response to treatment. I enjoyed the opportunity to share my knowledge and approach to patients with medical students, residents, and other caregivers.

I practiced at the Cleveland Clinic from 1976 until my retirement in 1999. I then worked part-time at MetroHealth. My patients differed in gender, age, family structure, personality, intellectual ability, educational opportunity, and occupation. They also had varied ethnicity, religion, race, personal interests and hobbies, political perspectives, and economic resources. While many assumptions could have been made, I found delving into histories and listening gave me the best information I needed to recommend appropriate treatment. Sometimes, I learned about their addiction or exposure to violence. These women, whom I respected and enjoyed, are represented in my art.

In the year 2001, I began studying ceramics and thoroughly enjoyed playing in the mud and being a "pot head." One of my assignments was to make 6 Toby cups or mugs, which are figural ceramic pitchers modeled in the form of historical, fictional, or generic characters. Popular in the early 18th century, many were produced at Staffordshire Potteries in England. They often were used in pubs as swag for political campaigns prior to most people being literate and are now collectors' items.

A Metaphor

Stephanie T. Weiss, MD PhD

I am an MD/PhD and currently the junior fellow in a two-year addiction medicine research fellowship at Wake Forest School of Medicine. Before starting this fellowship, I was a pharmaceutical chemist, an emergency medicine physician, and a medical toxicologist. Medical toxicology is a subspecialty that cares for patients with poisonings, overdoses, envenomations, occupational or environmental exposures, and drug interactions, as well as toxicity and withdrawal from substances of abuse. Unsurprisingly, there is significant overlap between the patient populations seen by medical toxicologists and addiction medicine specialists, leading many medical toxicologists to move into doing addiction work part-time or full-time. However, to the best of my knowledge, I will be the first medical toxicologist to complete a second fellowship in the newly recognized specialty of addiction medicine. This essay includes some of my reflections as I begin my transition toward becoming an academic addiction medicine physician.

One of the things that most fascinates me about Ruth Fox, the founder of the American Society of Addiction Medicine (ASAM), is that she was such a complicated and controversial figure who was at the forefront of a complicated and controversial medical specialty. A quick online search about her turns up thousands of references that run the gamut from virtual hagiographies to withering excoriations of her motives and methods when working with substance use disorder (SUD) patients. The real truth, of course, is almost certainly somewhere in the middle, and the thought occurs to me that Dr. Fox's life and work can themselves serve as a sort of metaphor for the kind of work in which addiction specialists and specialists-in-training, myself included, are engaged.

Some of the more serious criticisms levied against Dr. Fox, for example, involves her use of disulfiram with alcoholic patients to, in the words of one writer, "deliberately make them very sick," and her use of lysergic acid diethylamide in the same patient population to "force compliance in addiction patients." These charges are serious and deserve consideration, both in terms of the context of that time, and in terms of the context of the current time. There is no question that, during the era when some of these experiments were taking place in the 1970s and earlier, our government and the academic establishment treated vulnerable patients in ways that we would now consider unconscionable.

The fact that in the year 2019 we react with such visceral revulsion to the ideas of involuntary mind control experiments and deliberately poisoning patients as a method of helping them overcome their SUDs strikes me as a rather positive development in a human society that ostensibly values personal autonomy so highly. And yet, do we not still face the same exact problems of stigma and prejudice against SUD patients now just as we did 40+ years ago? The outward trappings of the problem have changed, in the sense that we now discuss parity in insurance coverage for mental health disorders, and we now debate whether medication-assisted therapy (MAT) for opioid use disorder (OUD) is just "trading one addiction for another," even though we have ample literature evidence to show us that abstinence-based treatment of OUD is vastly inferior to MAT. But underneath the specifics of the debates of the day, we are still dealing with the same underlying issue, namely that SUD patients are not always particularly sympathetic patients with whom the rest of us might wish to identify ourselves.

Given that reality, we should not be too quick to be smug when we look back at the struggles of our predecessors to undertake complicated work with much less ethical guidance and consideration than what we now have. In the same way that we might uncritically condemn SUD patients without seeing ourselves as possibly one of them given different accidents of life circumstances, it is too easy to assume that we would never make the mistakes of our professional predecessors.

Growing up as the descendent of Eastern European Jews, I was of course acutely aware of the Holocaust, and like most American Jews of my generation, I had friends, relatives and neighbors who were Holocaust survivors and descendants of survivors. Unsurprisingly, for the first 35 years of my life, I always had considered the Holocaust from the perspective of the victims. I was acutely aware that, had I been a German Jew in the 1930s and been unable to escape, I, too, would have fallen victim to the Nazis. One of the most eye-opening experiences for me in the course of my medical training occurred during a medical school elective that looked at the roles of physicians and other professionals under the Hitler regime in Germany. That was the first time that I ever considered the possibility that, under the right circumstances, I could have been a potential perpetrator of atrocities on other human beings.

As physicians, we don't like to think of ourselves as potential perpetrators of evil. Most people who decide to go to medical school have at least a streak of altruism in them, and there is no question that a desire to help people in need is one of the most powerful reasons that drives many aspiring physicians into medicine in the first place. However, that same knowledge and those same skills that allow us to improve the health of others and save their lives are a double-edged scalpel, because we can also use that knowledge and those skills to deliberately harm others or kill them. We may even rationalize our actions and delude ourselves into thinking that we are doing good in the midst of doing the utmost evil, and that is exactly what many of the German physicians did under the Nazi regime. Without the participation and buy-in of contemporary German physicians, Hitler's Final Solution and the atrocities that went with it could never have happened.

There is no question that Dr. Fox left behind a rich and valuable legacy at her death, not the least of which includes founding the precursor organization to ASAM and serving as its first president. Recognizing the mix of good and evil inclinations in all of us is key to helping patients in general, but particularly when it comes to helping patients with SUDs. I hope to use the knowledge and skills I am gaining as an addiction medicine fellow to do more good for my own patients as an addiction medicine specialist, but also to help others become more introspective and do more good as well, whether it is an individual SUD patient struggling to see themselves as more than "just another junkie," or a colleague who is struggling with a prejudice against helping "those people."

Lost

Alice Tzeng | CCLCM Class of 2021

This is entirely a work of fiction. Any resemblance to actual individuals or events is purely coincidental.

Crimson flames crackled in the fireplace while blustery winter winds howled through the street, sending whirlwinds of snow into the air. Trapped indoors, the woman took the framed portrait down from the mantel, as she did every evening, and remembered. Only a year ago...

His footsteps always announced his return. The bones in his left leg had never healed straight after a childhood fall from a horse, giving him a distinctive, uneven gait. She would curl up in the armchair by the fireplace and read, all the while listening for his lumbering stride down the hallway. After stashing his briefcase in the study, he would approach, place his hands upon her shoulders, and brush his lips against hers.

Gently, she ran her fingers across the image of his face, tracing the jagged scar on his left cheek, a token of the same riding accident that had shattered his leg.

With a smile that buckled the scar on his cheek, he would take her hand and lead her from her seat. They would walk to the kitchen together and pull out chairs on either side of the rickety dinner table. She'd grab the warm food from the stove; he'd pour the drinks and set up the utensils. As they ate, he amused her with clever tales of exploits from work; she, in turn, captivated him with stories of the Orient, of fantastic realms and alternate universes, from the books she had read that day.

She remembered the way his face lit up as he saw his favorite foods on his plate, the way he chewed each bite so slowly, savoring the flavors she had worked to perfect. She remembered his warm hand upon hers, his tender touch along her skin. Caressing the wedding band he had given her, she shivered.

They would lie side by side in bed and chat long into the night. Wrapped in his embrace, she never felt cold. "I am yours, forever," he whispered. "And I, yours," she replied.

Suppressing a sob, she remembered that that man was gone forever. Yet she could almost hear his footsteps again...

A loud slam jolted her from her reverie into the grim chill of the present. Uneven footfalls sounded in the hallway, and she heard a heavy case being dropped in the study. When she saw the angry scar on his left cheek, her breath caught and her heart pounded. "Where's my dinner, woman?" his voice grated harshly, breath reeking of cheap whiskey. "I'm going out with my buddies tonight so let's make this quick!"

Filled with love, filled with resignation, she served dinner to the man who was her husband. As he wolfed down the food in silence and rushed to the local bar, she retreated to the bedroom, once more alone with her memories.

Hues of the Brain

Ifrah Zawar, MD | CCLCM Class of 2020

The Lump

Rubabin Tooba, MD

I sat there, nervously tightening the gown over my body. I felt silly wearing such a large, pink bag. My mother, noticing my fidgeting, reached over and held my hand momentarily. “It will be fine,” she said. Her touch was comforting, but she lingered a little longer than I expected. I could tell that she was nervous too.

There were other ladies in the waiting room, wearing pink gowns with sashes. For some reason, their bodies fit more beautifully in the robe than mine. I looked around, *was I the youngest one here?* The surprise was fleeting; after all, I knew I would eventually end up here.

I was 24, and I felt a lump in my breast.

It came as a surprise to me. Several days before, I had woken up in the middle of the night with excruciating pain in my chest. The pain worsened despite

everything I had tried, and I cried myself to sleep. The following morning, I felt a lump. The visits went from one doctor to the next, and ultimately, I found myself in the mammogram suite at the local hospital.

I looked over at my mother as she busied herself with paperwork. It was funny having her there, clothed in her work attire next to my shape cloaked in an oversized pink tent. She caught me staring and smiled. “You know,” she edged closer, “it’s usually a good sign if it’s painful.” The doctors had said the same too.

I nodded and looked away. A middle-aged woman sat ahead, engrossed in a Harlequin romance with a man’s bare chest on the cover. The woman in the corner prayed quietly, counting her verses on a bright red rosary. Another woman, gazed at the television, barely blinking and expressionless.

When a name would be called, we all eagerly hoped it was ours. Some women offered each other a smile or small nod when it was their turn. It was a small gesture, perhaps for good luck. Yet a mix of nerves and anticipation hung in the air, and we all understood that this was a solitary journey. We all sat quietly in our own worlds.

It surprised me how many women came alone. Perhaps I had expected more family in the waiting room, perhaps they were waiting outside. Besides my mother, everyone in the room adorned a pink gown and sat alone.

I imagined my mother here too. I never came with her when she started having mammograms. I imagined her sitting in her pink robe, while bringing extra paperwork to keep herself busy or even a calculator to punch out her expenses. I imagined she too would be nervous at the sound of her name, but she bravely came back every time. A few months ago, the radiologist saw something on Mom’s mammogram, and she had to come back earlier than usual.

Mom kept this quiet for many days and only recently shared her story. As a family, we were all on edge after grandma passed away from disseminated breast cancer. Her first diagnosis came at a young age, and her second diagnosis took her life. Mom was notified of her *nondiagnostic* mammogram shortly after, but she kept her worry quiet. She came back alone to the mammogram suite, donned her pink robe, and waited. “I was ready for anything that came my way,” mom shared, “if it was meant to be, it was meant to be.”

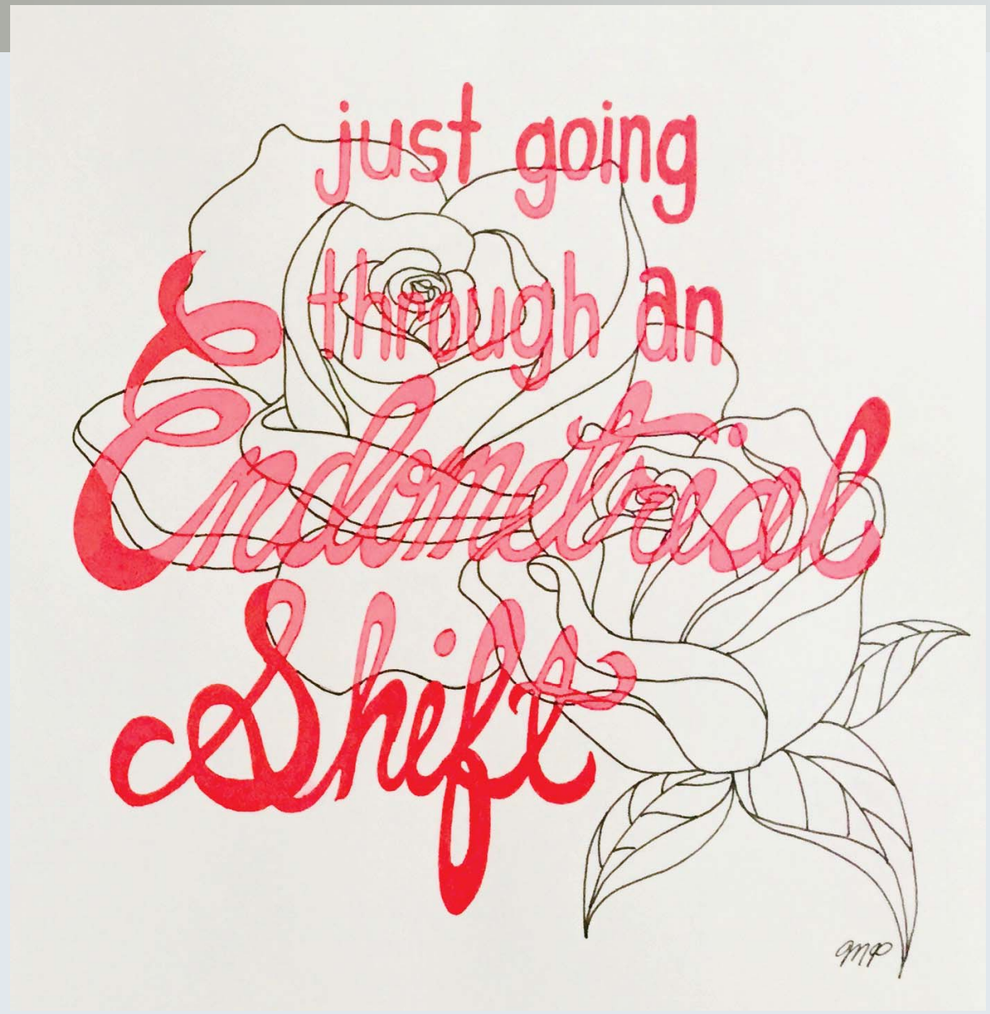
My nerves simmered at that thought: *if it was meant to be, it was meant to be*. I developed a strong admiration for my mother and all the other women who passed through this waiting room. They all came from such different worlds, here to have their checkup and to brave whatever news came their way. Many of them probably went home with a new burden to bear; many of them probably felt relieved as well. But the message was quite clear: we had to take care of ourselves, even if we were in this alone.

“Darling,” Mom caught my attention gently, “they’re calling for you.”

I looked down the hallway and saw the smiling receptionist waiting for me. I quickly organized my belongings on the chair and left them with my mother. She looked at me with a touch of worry in her eyes. I imagined it was like the worry she felt when she came back for her annual mammogram, when the radiologist told her about her abnormal result, when we found out Grandma’s cancer came back.

But it was through that worry that she was able to find a silent courage.

I smiled. “It’ll be okay, Mom. I love you.”



When You Get It

Maeve Pascoe | CCLCM Class of 2024

As I sat in the laundry room of my college dorm making this piece, a male student looked over as he was loading his laundry and remarked that he was impressed by my art. He asked what the words meant. I explained, and he became silent. It’s not something most people are proud of. In fact, most women view it as a burden to bear. But why would it be a burden? Should our lives be a burden? It’s a natural part of life. Embrace it or not, it happens, and it’s something I’ve come to peace with. After all, it’s just a shift.

Vestigial

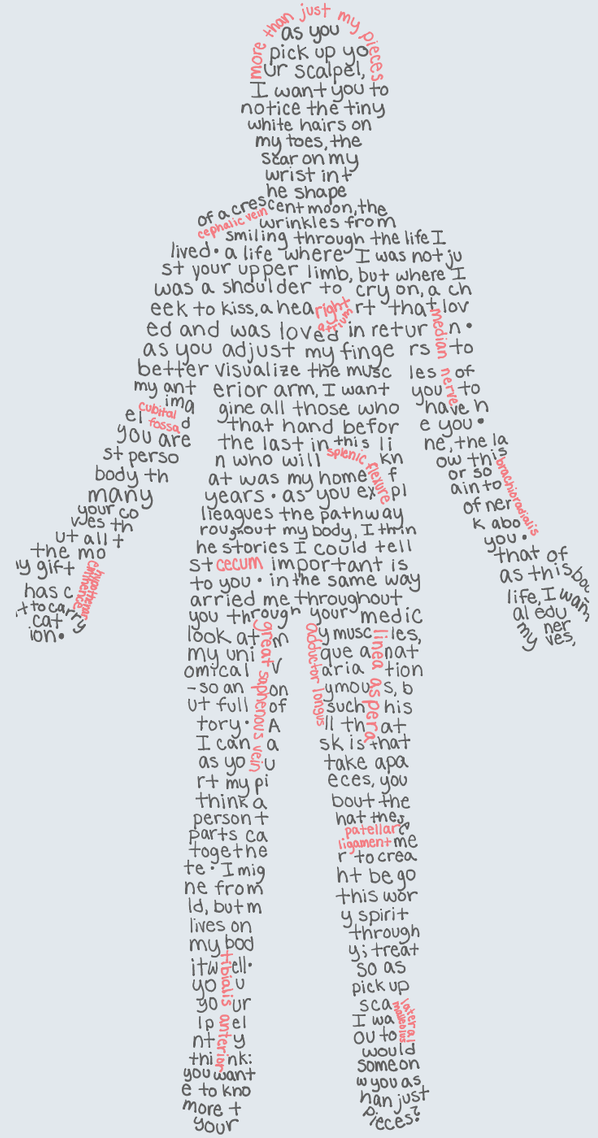
Madeleine Schroedel

I remember my eyes opening slowly, like they were afraid of letting in too much light. My field of vision seemed narrower, containing only the blue sheet bunched around me, the blue curtain in front of me, and the cart at the foot of my bed. Sometimes a person stood at the cart, half-obscured by the curtain so I couldn't tell what they were doing. I could so clearly see the places where the sheet creased around me, and the floral design of the curtain near my face. Perhaps those things stood out because everything beyond that was out of focus: no contacts.

I had never felt pain like this before. I was oddly aware of my hands, the way one arm clutched my stomach and one rested beneath my head. Sounds were mangled together: beeping, voices, bustle. I started calling out. *Help*. I could see a woman standing at the cart, but she wouldn't look my way. *Help*. It felt like someone had angrily reached straight into my stomach, clawed around, and ripped everything out. *Help*. Why wasn't she coming over? I remembered how my grandmother used to call out for help from her bed toward the end. I felt small. *Please*. I was likely only speaking above a whisper, but finally I felt someone's hand on my arm. She pushed something into my IV and I felt a rush of cold inside my elbow. My eyelids lowered. I welcomed the darkness.

Scar tissue forms differently than normal tissue. It feels harder from a higher density of collagen fibers. Driven by urgency, they align in parallel rather than randomly orienting over time, creating a cross-linked organization with other proteins on site. This seems more structurally sound, but in actuality the tissue is less protective long-term. Overall, the damage was minor: three incisions, the largest of which begins at my belly button and ends an inch below. The other two are much less visible. One is next to my left hip, which is strange, considering the appendix is on the right side of the body. The other is on my lower abdomen. They have been working on fading. The big scar is the only one that feels different, firmer. I catch glimpses of it often. Sometimes I think having it is a sign of strength. Sometimes I think it's ugly.

In the week following surgery, sticky, dark gunk surrounded the incisions, remnants of the glue used to seal my skin back up. Dark outlines of circles from the monitors that had been secured to my skin scattered across my chest and stomach. In the mirror, my stomach looked sunken in, like something bigger than my appendix was missing. At the follow-up appointment, the nurse gave me adhesive remover. It came in tiny, square pouches that were frustratingly difficult to tear open. I scrubbed at my body in the shower with the squares the size of a thumbprint until my skin was red.



More Than Just My Pieces
Madeline McKenna

Behind the Scars

Chan Mi Lee | CCLCM Class of 2022

Winner (Prose), CCLCM Medical Humanities Contest

"I long, as does every human being, to be at home wherever I find myself." — Maya Angelou

It was my second day on Psychiatry rotation, and first night on call. As if reading my eager mind, the night resident peeked into the medical student's room as soon as my evening shift began.

"I have a new consult for you," she said. "A patient with possible excoriation disorder."

I couldn't hide my excitement hearing the word "excoriation." I had just finished my Dermatology Elective and had seen a few 'excoriation' cases for which we had consulted the Psychiatry service. People talked about it being a manifestation of obsessive-compulsive disorder (OCD), but it was a bizarre concept to me. Why on earth would you pick your own skin till it bled and scabbed? I couldn't wait to find out more about this patient.

Going into the dark room, I saw a petite elderly lady staring at the window.

"Knock knock," I whispered. "May I come in?"

"Oh yes, come in," said the thin aged voice.

I introduced myself as a medical student, and, unsure of how she might react to the word "Psychiatry," I added that I was part of the larger hospital team trying to make her feel better. As I pulled up a chair, my head buzzed with how I should start the interview. Should I just follow the questions on my cheat sheet? How should I ask her why she is picking her skin? I clutched my Psych Consult Template tight.

With the statement "So, tell me why you are picking your skin" lingering on my tongue, I searched for a better way to fill the awkward silence. Then came out, "So, have you had dinner?" I pinched myself hard. What the heck are you doing?

But the patient smiled and told me she wasn't hungry.

"Yeah, it's not easy being in a hospital." I smiled back

shyly, but scrambling inside. “I did hear that you were brought here from an outside hospital because they had some concerns about your skin. What worries you the most?”

I looked at her with anticipating eyes. I hoped that she would say something like how the picking bothers her, and that she is worried about not being able to stop. But she told me about her son instead, how she wants him back in rehab, and that he may get into trouble with the county because of his drug abuse.

“I see. It sounds like you are worried a lot about your son. Tell me more about your family.”

She continued to speak, and the interview seemed to be going nowhere near the cause of her skin lesion. I felt like I was swimming in a pool of mud. I kept on asking more questions as they came, learning about her previous partner, her children, and her sister, and looking for other topics to latch on. But whenever she approached the topic of skin-picking, she shrugged it off saying she “just” picked. “It’s a habit,” she insisted, “ever since I was a child.” By this point, my hope of finding an explanation for her picking was fading and I humbly folded my consult template on my lap.

“So you’ve been picking since you were little?” I asked. “Tell me about your childhood. What was it like growing up?”

Little did I know that I had just opened a Pandora’s box. She sighed briefly, and let out a dark and tortured long story: about her parents getting a divorce, growing up with grandparents who were more interested in drinking, her physical and sexual abuse by members of her own family, and how she and her sister picked their skin, constantly. Some of these happenings were told in such intricate detail that I could almost experience the scenes myself.

“I cannot believe you went through all of this. Have you ever told anyone about this, anyone you could trust?” I asked calmly, but seething at the injustice of her life circumstances.

“No, in those days, you don’t talk about such things. I just told my sister about the sexual abuse not too long ago. But otherwise, you are the first person.”

I opened my mouth and closed it again. Hearing her words: “you are the first person,” I felt hit by a truck. I had come into the room to just learn about her skin picking, but it was barely the tip of the iceberg. The weight of her hidden pain, loneliness, and abandonment felt heavy on my chest. The night grew deeper. I thanked her and wished her a good night. “Thanks for dropping by,” she answered. “I enjoyed your visit. You are easy to talk to.”

On morning rounds the next day, when we went as a team to see the patient I was surprised how comfortably she spoke of her painful past events. My attending, with much gentleness, told her that we appreciated her for sharing her story and assured her that we were there to try to help. The patient readily admitted that the lesions were due to her picking, that picking made her feel better, and more importantly, that she grew up seeing other female figures in her family pick their arms until their skin bled. She also appeared more open about wanting help to reduce her picking this time around.

Back in the student room, I pondered over the encounter while reading updates on the patient. I realized that what appeared to be a bizarre-looking habit may have been more like a ritual for her, somehow to cope with her past traumatic experiences. Maybe it brought her a sense of belonging that she longed for, because other female family members were doing it. Maybe that was a way for her to connect to her sense of home, or at least the comfort, safety, and love a ‘home’ is supposed to mean. Every scrape of her fingernail along her skin, perhaps, was a voiceless call for help that was never heard until now. Marks of longing for ‘home’ that were recognized only decades later.

Ringtones

Mark Oster, M. Div.

The patient with epilepsy was admitted following an especially traumatic seizure during which he severely hit his head. Ben lived in a care center for adults with disabilities. He heard voices and exhibited paranoia about people possibly wanting to hurt him. Ben was 38, polite, and a compliant patient with minimal family support. Having a psychiatric diagnosis along with a lifetime of epileptic seizures would be a tough cocktail for anyone, and Ben was no exception.

When I met with Ben, it was apparent right away that he was hypervigilant about his surroundings and that his anxiety was high, as evidenced by his rapid speech and the intensity of his emotions. He talked about being bullied and made fun of by other care center residents, and about how his Christian faith helped him to control his outbursts and use speech appropriately. He said he also suffered from depression, noting that “I keep doing what they say. I accept the adjustment to my medications up and down and then up again. I do the meditations and prayers they tell me, but they don’t understand what it’s like to hear voices that tell me that other people want to hurt me.”

I validated for him how awful that must be and that they didn’t know what it was like, just as I told him I didn’t. “Can you tell me what it is like?” Ben’s eyes started to well up, and he covered his face with his hand as the tears began to flow.

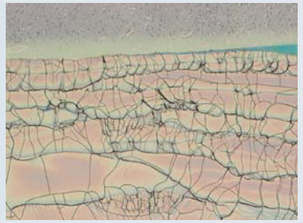
“I’m afraid all the time, and I try to do whatever they say will help, but it isn’t helping. I’m 38 and I want to enjoy my life, but time is passing by with all of the stresses I have, and I don’t see how I can get better, and then my life will be over. I don’t know how much longer I can keep going like this.”

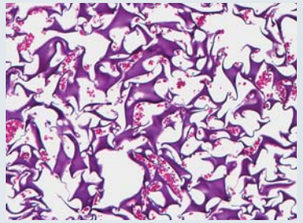
I sat and let him cry and held the space with him. Eventually, I asked if he was aware of anything that did help to provide relief. He talked about music by Darius Rucker and the song “Take it Easy” by the Eagles. When I wondered how he listened to his music, he replied, “I download ringtones and play them over and over again until it makes me feel better.” I asked him about family, and he reported that his family argued a lot but that he did have a sister who always stuck up for him. He didn’t get to see her as often as he would like. “I feel lonely,” Ben said.

I told Ben that he had a sensitive spirit and that he had a good ability to communicate his thoughts and feelings. I expressed how I enjoyed being in his presence. He played the Darius Rucker ringtone for me and smiled when he saw that I also enjoyed it. I thanked him for allowing me to spend time with him. His eyes welled up again.

When I was driving home, Ben stayed with me, and I felt weighted down by sadness. My wife could tell I was not myself. She brought me food and sat with me. She is a gift. I’m fortunate to have someone in whose presence I feel seen and heard. My heart aches for all the Ben’s who do not experience a warm embrace often enough. I know yours does too.

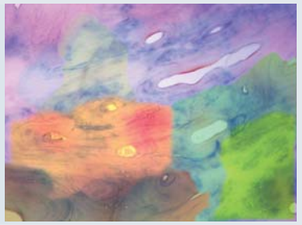
“Salt Dunes Under the Stars”
Histological slide of brain tissue (starry sky) with trapped glue and air bubble under a cover slip

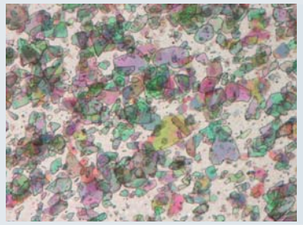




“Magic Carpets’”
Polyurethane gel foam (wound packing) collected as part of a tissue biopsy (red blood cells trapped in the matrix)

“Eyes of Os”
Bony component of a biopsy (Os is the French word for bone)





“Manus Cura”
Nail polish often used to seal coverslips on histological slides (Manus Cura is Latin for Manicure)

Beauté Magnified

Severine Kako | CCLCM Class of 2020 & Richard Prayson, MD

Smile, sourire, sonrisa
How can you not?
Beauty, beauté, belleza
Everywhere and in everything

Cells, foam, bone
And even some polish
Set your imagination free

That Day

Darren Bryk, MD

That day, I had no patients to round on, so I was able to sleep in—until six thirty. I had coffee and a quick breakfast with Blair and, after wishing her good luck, passionately kissed her goodbye before heading to the hospital.

We had already finished two morning procedures. They were great cases. As expected, Dr. Hartmann guided me through the steps of each surgery with her typical generic phrases of encouragement: “Yes, that’s it,” “Clean work there,” “Good technique.” She was actually letting me act as the primary surgeon and only once—when there was a bleeding vessel, which I quickly tied off—did I notice that she held herself back from taking over. I was even allowed to choose the music station and I got the sense that the surgical team was pleased with my choice, ‘90s Love Songs.’

I remember Terri, the circulating nurse, humming sweetly along to Mariah Carey as she opened an additional set of surgical sponges. After those two cases, I felt confident enough to complete them without supervision. By the conclusion of the surgical sign out, Dr. Hartmann even directed a “very nice job” to me.

I remember walking out of the operating room on my way to the pre-operative area and checking my phone for an update from Blair. The phone slipped from my right hand and fell down toward the floor, which gleamed from the fluorescent ceiling lights hitting the layer of disinfectant cleaning solution. I immediately kicked out my right foot, knocking the phone up, and then caught it in my left hand, as the phone recognized my Face ID and unlocked. Blair had sent a text message a few minutes earlier, “Just got here! Seems like they’re running on time” and another text with a heart emoji.

That day was supposed to be a great day.

As I walked the next patient into the operating room, my phone buzzed. While the surgical team and patient performed the surgical huddle, confirming the patient’s identifying information and the procedure we were planning to perform, it buzzed again. And as I prepped and draped the patient while he lay on the operating table, it continually buzzed, like a fly aimlessly circling around the room. Gently, Terri told me to answer my phone while she finished draping the patient.

It was Blair.

“Did you see my texts?” She asked, with a sniffle.

“No. I’m sorry, babe, I was just getting the next patient ready. But what’s wrong?”

“They don’t see a heartbeat!” She burst into tears. “They said the embryo is much smaller than it should be.”

I remember imagining Blair alone in the OBGYN’s exam room: sitting on one of those uncomfortably stiff-cushioned exam tables with her bare legs covered by a white crinkling paper-thin sheet, crying into a tissue. More wet crumpled tissues on her lap. The near empty brown tissue box at her side. Beige countertop wrapped around half the room, empty save for a box of purple XL disposable gloves and dark yellow anti-microbial hand soap beside a shallow square-shaped sink; locked shelves, matching the countertop with a darker shade of beige, hung above. A Computer-on-Wheels stood several feet in front of her, with the dim screensaver reminding her that she was being treated at a top ranked hospital that cared about its patients. To her right, hand sanitizer mounted on the wall by the door with a small mountain of leaked sanitizing foam on the light gray floor. To her left, her black suit pants hung over the back of a cushionless wooden chair beside the exam table, where I should have been sitting. She sat there, shivering, suffering, without my shoulder to cry on.

“Are you still there?”

I grunted. I wanted her shoulder too.

“They told me to wait for the doctor to give me the official results.” She gasped for a breath. “I don’t know why this is happening…I don’t know how…What did I do wrong?”

She cried again.

“I’m here with you, babe,” I replied. I waited in silence. “I think…”

But before I could continue, Terri interrupted me, “I’m sorry, but we’re waiting for you.”

She stood just outside the operating room, holding the door open for me. I remember hearing Celine Dion echoing from within the operating room. I saw Dr. Hartmann dressed in a baby blue surgical gown and ghost white gloves swaying beside the anesthetized patient, eyeing the scalpel.

That day, Blair had a miscarriage, her first. And I wasn’t there.

Burnout
Emese Kanyo | CCLCM Class of 2023
Winner (Art), CCLCM Medical Humanities Contest

Jigsaw Puzzles in the Cancer Treatment Waiting Room
By Don Iannone

Jigsaw puzzles, missing pieces everywhere,
That patients, families, and friends share.
Some they finish, most they don't,
Some too hard, so they won't.

Oddly shaped interlocking and tessellating pieces.
Bit by bit, the perplexing mystery decreases.
Skilled puzzlers work first to build the frame,
While others treat all pieces just the same.

Some work the puzzles like their lives,
Trying this, trying that till an answer arrives.
While befuddled by the jigsaw puzzles,
Cancer causes them much bigger struggles.

For some, the puzzles distract them from their pain.
Others wonder about life on the celestial plane.
When finally the nurse calls their name,
In the waiting room, the jigsaw puzzles remain.

Jigsaw Puzzles in the Cancer Treatment Waiting Room
Donald Iannone, M.Div.

A Walk Through Main Campus

Diane Libert | CCLCM Class of 2020

Delicate string sounds
A violin overture
To Crile clamor.

A glance through the crowd
Faces cheery, blank, and worn
Crossing the long bridge.

Carts trundle through Main,
White coats, scrubs, and suits whisk by,
All on a mission.

Patients and staff shape
Each others' stories ev'ry day,
From A to TT.

When Night Float Ends

Darren Bryk, MD
Winner, House Staff Association Writing Contest

At 6AM, Eric forwarded his pager to the morning consult intern. His shift was over. The night was busy, but not that bad. Just a twelve-hour long continuous movement: answering pages from nurses, checking on post-operative patients, evaluating surgical consults, writing notes, placing orders, writing more notes and placing more orders. Nothing unusual, nothing notable either. Thankfully the patients in the surgical ICU remained stable overnight and the only admission from the emergency department didn't need urgent surgery. Eric even managed a twenty-minute nap—while sitting in a chair—as he attempted to watch a vascular anastomosis technique video on YouTube with Tyler, the overnight senior resident.

After completing the patient handoff and writing his final consult note, Eric slogged his way to the call room to change out of his scrubs. It was 6:45AM. He washed his face with cold water and looked at his reflection in the mirror. Two and a half weeks of night float had taken a lot out of him. His hairline seemed more receded, and the hair that remained needed to be trimmed; maybe on his next vacation, he'd find the time. He rubbed his eyes and took a second look. It felt like his contact lenses were burning his corneas; he couldn't remember the last time he changed them. And then there were the Gucci bags under his eyes; at least that was what his roommate, Julia, called them. His four-day old beard was growing in unevenly, as usual, with an almost non-existent peach-fuzzed mustache and a bald spot on the right side of his chin tracking narrowly up his jawline; there was a new quarter-sized patch of gray hair at his upper left cheek, too. His mouth was dry and the inside of his lips stuck to his teeth. He reminded himself—again—to bring mouthwash to the hospital for his shift later that night.

By the time Eric was dressed and walking out of the hospital, it was 7AM. The sun was up; the weather was perfect. But Eric paid no attention. He couldn't, not with the thoughts of his weighted blanket smothering him and the memory foam eye mask he bought last Cyber Monday blocking out every imaginable ray of light. Eric wore his knock-off Canada Goose winter coat zipped up and mother-knitted black winter hat, as if last evening's frigid temperature remained. Under his hat, Eric wore Air Pods with Coldplay's meditative melodies playing. He even ignored Marcy, the pharmacy student with whom he had been texting since they matched on Bumble three weeks earlier, as she walked by; iced latte in one hand, awkward halted wave by the other. Eric had enjoyed their first date the weekend before, on his only night off, but he had told Marcy that he didn't think he could go out again until Night Float ended, just seven more shifts.

Before he knew it, Eric reached his car, a silver Toyota Camry. It was 7:30AM. As he sat in the driver's seat, he couldn't believe how slowly he had walked the half-mile from the call room to the parking lot. Trying to re-trace his steps, Eric sat in thought for a few moments.

HONK! HONK! HONKKKKKKK!

Eric was jarred awake by a black BMW hoping to take his spot. It was 8AM.

"Okay! Okay!" Eric shouted.

Begrudgingly, Eric reversed out of his spot and made his way out of the parking lot. At the first stoplight, Eric rubbed his eyes until they hurt. He wished he had followed Tyler after sign out to Starbucks, but then reminded himself that in just eighteen minutes he'd be in his bed on his way to passing out and dreaming of infinite nothingness. On the highway, he opened all the car windows; the wind hit his now bare balding head and sent a rousing chill down his spine. Eric then blasted '80s metal and rock' playlist on Spotify and tried to sing along though he was never able to grasp the lyrics of those old-fashioned songs. As he exited the highway, Eric called Julia, hoping she could occupy the final ten minutes of his ride.

"What?" She was out of breath.
"Can you talk? On my way home and…"

YAWN.

"I've exhausted all options." Pun intended.
"I'm sorry dude, but I'm literally getting to my desk as we speak and I'm already late. Maybe pinch yourself really hard? I don't know. And by the way there's leftover mac 'n' cheese in the fridge for when you wake up. Sorry. Bye."

Eric reached a stop sign. It was 8:10AM. He took his hands off the steering wheel and sat there for a moment. He imagined Julia's "world famous" dish—at least that was what she called it. The way his tongue tingled from the creamy salty combination. How a cold beer added to that sensational blend; only he'd have to wait for his next day off to drink.

"Hey Asshole!"

Eric heard a smack and jumped. Two teenage boys, almost matching in dark jeans, white sneakers with green and blue short sleeve button down shirts, respectively, were walking past Eric's car. Thankfully, his foot was still on the brake. Eric stared at them, seething.

"Good morning, sir!" said the blue-shirted teen with a big white-toothed grin.
"Wake up, man!" yelled the other.

They smacked the hood of Eric's car again, roared with laughter and ran off. Eric honked his horn in disgust, but before he could think of an appropriate expletive-filled response, they had reached their school, one block down. He honked his horn again and then continued his journey home. He considered calling his parents, but it was 8:20AM; they'd still be sleeping. Retirement had turned them into teenagers, up all night binge-watching the latest Netflix original series and sleeping until mid-day. Besides, every time Eric would initiate contact with his parents, he'd always have to deal with passive aggressive comments—"Well, your brother finds time to visit us," "Well, Bobby Wilson just bought his parents a condo in Miami," or "Well, I just want to know that I'll still have all my marbles by the time you decide to settle down and have kids." Anytime his parents would start a sentence with "Well…", Eric would zone out; he couldn't risk that on this drive. He pinched himself instead, multiple times along both forearms. The pain surged and then abated in an instant.

Eric was close. Just two more intersections followed by a left turn and then a right. A block ahead of him, he saw a tall woman in a gray tank top and red leggings running with her leashed dog. He always wished he could've done that with Snowball, his childhood dog, but she had only two speeds—ludicrous speed and nonchalant stroll. She was a ball of white fur with a pink tongue almost always sticking out of her mouth. He thought about how they had shared a pillow in his bed at night and how she would use her moist nose to gently nudge him awake in the morning. He could now see Snowball in the front passenger seat of his car, all forty pounds of her, seat-belted in; she sat almost human-like, rump down, front paws up, tongue still out, and smiling as the wind hit her pointed ears. The ends of her hair were slightly browned. Eric hoped she had had fun at the dog park. Snowball turned to Eric.

"You're almost there!" she said excitedly but without a bark.

When Night Float Ends continued

"I could finish this in my sleep," Eric replied. "I have before, you know?"

He closed his eyes.

HONKKKKKKK!

Eric was abruptly awoken. A maroon Honda Odyssey coming from the right was just feet in front of him and had braked. Panicked, Eric yanked the steering wheel to his left, to avoid the van, and stomped on the brake; the momentum brought the car over the curb, knocking down the incoming traffic's stop sign. No airbags deployed. Eric took a breath and stared at his shaking hands. The woman with the dog ran over to Eric.

"Hey! Are you okay?" She said through the passenger window.
"Uh, yeah." Eric's hands had calmed. He was awake. "I'm fine, actually."
"Are you sure? Do you want me to call the police?"
"No, No" Eric replied. "It's okay. Thank you. I'm fine. Really! And I live just two blocks away."
"Um, okay then." The dog pulled her to resume the run.

Eric took another breath. "Thank you again!" He yelled out at the woman's back as they sprinted away. Eric stepped out and assessed the car's damage—a badly dented bumper and a broken left headlight; no urgent intervention needed. He added car repairs to his 'Vacation To-Do List'. Back in his car, Eric reversed off the curb onto the street and continued on his journey. He made it to his bed by 9AM, nine hours until his next shift.

The Curse of Modern Medicine

Abdelrahman Rahmy | CCLCM Class of 2024

A baby is born. It cannot breathe, cannot eat, cannot sleep, cannot move. It is a hundred years too soon. It dies.

A baby is born. It cannot breathe, cannot eat, cannot sleep, cannot move. It is a hundred years too late. It lives.

They are two sides of the same coin.

A surgery on the heart. Another on the legs. A tube for feeding. An endless list of medications.

Prolonging a life full of pain...

Or doing nothing.

But easing the pain till death...

Is modern medicine not but a curse at times? Barring death's entry at the door while simultaneously trapping the demons inside.

Limited by our knowledge and bound by our morals, we are left with the burden of the decision, left in a state where we can do more and yet still not enough.

Till Mortal Frame Surrenders

Elizabeth Shay | CCLCM Class of 2020

Bronzed arms of oak that once hoisted me up
To kiss the sun and view the concert's crowd,
Now strain to cross expanse 'tween mouth and cup;
The crumbling strength of which you were so proud.

And you whose fingers penned the daily law,
Which I unbidden learned to follow well,
Stand back in fear at choice's sharpened claw
Unless my voice the bitter turmoil quells.

She cried the day you saw a stranger's face
In hers; the girl you took to wed the day
That sparrows sang, and dreams fell into place;
Who thought you'd leave but still be here to stay?

Though memories fade like winter's dying ember,
We'll wait with you till mortal frame surrenders.

Leaving on a Jet Plane: An Experience with the California End of Life Option

Sidra Speaker | CCLCM Class of 2021

With the courage of a steadfast matriarch who is sometimes difficult and always self-assured,
Jemma spent the last few weeks of her life at home, talking to old friends, tying up loose ends, and coping with the sequelae of a malignant bowel obstruction.

And the day arrived when not even the morning coffee and crossword kindled joy for her,
and that last happy routine dissolved into meaningless, weary discomfort.
Passing hours told only of the ebb and flow of pain, nausea, and shortness of breath with morphine and Ativan every two hours.
That is when she told us that she was ready to die.

She waited an extra two days for me to come home, but I know that this was for my sake and not hers.
Because by that time, she was satisfied with her experiences of this life.
What she needed was for us to willingly let her go.

The day that she died, she was dressed in a dark green velvet shirt and her favorite smoky topaz ring.
I know that was also for us.

That morning she swayed in her chair and sang John Denver's "Leaving on a Jet Plane" while my family gathered around her in the kitchen.

Then she was back in her bed, taking off her oxygen for the last time.
There was specific timing for the antiemetics, sedatives, and finally something cardiotoxic.
The mixture looked something like a thick chalk-and-toothpaste concoction.
She followed it with a few sips of a Manhattan to help with the bitter taste.

And then she was sleepy, comfortable and surrounded by family.
Minutes passed and we read to her.
Eventually, her pulse became thready and irregular in the hand that I was holding,
and the color in her face slowly lifted.
But this was a different kind of shock than what I have learned to fear in the hospital,
because it was hoped for and welcomed.

Leaving on a Jet Plane: An Experience with the California End of Life Option continued

So welcomed by her that I had forgotten to expect the death fight of all living bodies.
I learned that death enters with the same signs whether it is welcomed or not.
That first agonal breath startled us from the peacefulness,
but the last one came in minutes, not hours this time.

And those minutes were precious, not painful.

As the pulse disappeared, I imagined her spirit gently untangling itself from its moorings in that beloved flesh and bone and muscle,
which was finally free to sink with gratitude back into undemanding earth.

Staring out her window I could see a younger Jemma, setting down her exhausted body like a pair of well-loved boots at the edge of a stream.
Then stepping, bare and curious, into that inevitable timeless mystery.

We stayed for a while after she died.
Having served their purpose as a collective unit, the atoms comprising her body would stay together briefly for us to mourn, before drifting onward, perhaps to organize again around

Cleveland by Pup

Daniel Moussa, CCLCM Class of 2021

Bright blue sky with a pup on soft, freshly cut grass. A beautiful day in Cleveland.

When the Dance is Over (On Vocal Fold Paralysis)

Elizabeth Shay | CCLCM Class of 2020

Like Buckingham's finest,
They guard the hallowed, ringed tunnel
Through which travels
The air that rushes to fill your
Ravenous lungs.

Stately they stand,
Straight-backed and tall,
Waiting for their cue,
As expectantly as an actor
On opening night.

And then like two ballerinas,
Bodies supple and glistening
In the moonlight beneath Gemini's starry sky,
They leap,
Back and forth,
Dancing in perfect harmony
To the dulcet tones of Handel's song.

Until the skid of brakes, broken glass
And a life-saving intruder that
Pushed past them,
Halted their choreographed masterpiece;
One partner left limp
Like a weary flag on a windless day.

And now the enchanting voice is the harsh whisper
Of a tired steam train;
Breathless,
Huffing and puffing down the tracks.

And the summonses of the phone
Go unanswered
Too tired to deny your "cold"
Too tired to repeat yourself
One
More
Time.

But you missed their dance most of all
When she, giggling, asked for a lullaby
And the notes that she loved
Were gone.

If She Were Your Mother…

Rubabin Tooba, MD
Winner, House Staff Association Writing Contest

"If she were your mother, what would you do?" the young man asked.

I returned his tearful gaze, speechless by the sudden opening of intimacy between us. *My mother?* The question stunned me. I had never considered how to care for my mother dying.

I hadn't talked to my mother in weeks. Or, at least, we hadn't talked in person. We didn't really talk. Our latest attempt at communication came in the form of text messages: *Are you eating ok? Don't stress too much. Did you take your vitamins?* Her questions were endless.

My mother wasn't sick. She had put on some weight, and now took pills for her newly diagnosed diabetes. And pills for her cholesterol. Maybe something for her blood pressure as well. She was getting older, had more to worry about, and her body probably had begun to age. But regardless, Mom was still working. Mom was out and about.

My mother? She and I had grown apart in different ways. Residency had kept me so busy, and I could only make it home every few months. And she and I were different.

Mom was a physician too, well she was one, years ago. She ended her career to raise a family, while Dad continued in the profession. I imagined it was difficult to process—seeing your daughter do things you dreamed of. Seeing her stubbornness mimic your own. Seeing her headstrong ways, at times, be used against you.

But perhaps she knew, that many parts of me stemmed from her. Perhaps she knew, that when I stood up for a patient or stayed late at work, it was because she taught me to walk in others' shoes.

My mother? I begged Mom to get a mammogram last year. She was six months late to get the test, and I became worried when a good friend had told me her mother was diagnosed with triple negative breast cancer, a more insidious form. I remember calling my mom, urging her incessantly. We talked about other things too, the hardship of residency and the uncertainty of the future, and the call lasted for over an hour. It was probably the first time my filial tie was swept to the side, and I could simply speak to her as a woman to another woman. I could speak to her about her health, the dynamics of my life, and the ways we have both changed. Days later, after she got her test, Mom discovered that my friend's mother was sick. She called and thanked me, for checking in and for caring about her. But that was awhile ago.

My mother? She too was mortal.

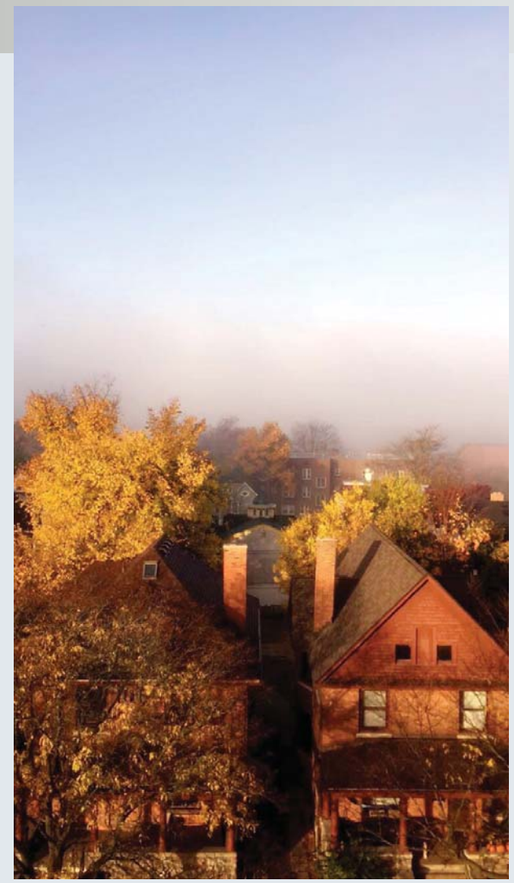
I glanced at the woman, sleeping on the stretcher. Her skin had begun to take on a pale yellow hue, and colorful hospital bands dangled on her wrist. She too was a mother. She wasn't able to speak any more, but I recalled our first interaction: how I told her that she reminded me of my own mother; how her children must be so proud to have a feisty fighter. But now she was fatigued and nearing the end of her days. I stroked her hand gently.

"If she were my mother," I started slowly, "I would want her to be loved. I would not want her to be in pain. I would want her to be comfortable and have me by her side as she passed."

Her son remained quiet and looked away. Tears in his eyes, he agreed. "I would want her to be comfortable too," his voice trailed off. At some point, my eyes had watered, but I mustered the courage to offer him a smile and to share my vulnerability. He and I, both given the responsibility of deciding another's fate, chose to relieve a loved one of her suffering. After a few remarks, we confirmed our plans to pursue comfort measures: we would administer medicines that minimized pain and help make arrangements to bring his mother back home.

I stepped out of the hospital room and paused for a moment. *If she were your mother*…My phone buzzed, I glanced down quickly and noted a text message from none other than my mother.

Love you, it read.



Above It All

Maeve Pascoe | CCLCM Class of 2024

It's often easy to get bogged down in the minutiae of life, to miss the forest for the trees. But sometimes all we need is a refreshing breath, a moment with our head above the treeline, to center ourselves. That is what this photo represents for me - a moment away from the busy life below and into the peaceful gradient of the sky.

One More Option

Neha Vyas, MD

It was another busy day in India. I was part of a team of American primary care doctors who were identifying patients who would be good candidates for an upcoming surgical camp. That's when I met her. She was at the end of a line of patients that, as evening ensued, snaked around the temple's exterior, the place where the camp was held that day.

Her face had itself seen its share of twilights. I could tell from across the room as she walked towards me that her eyes were cloudy with cataracts. She had a resolve to her that became more evident with each step she took toward me, even while using a cane for assistance. Beyond her name, she couldn't share much information about herself, as both her language and illiteracy provided a barrier to any meaningful conversation. Her face was heavily creased, but she was younger than she appeared.

We were in the heart of India, where access to medical treatment was typically available after a multi-day journey by public transport, or several hours for those lucky enough for a private vehicle. Local medical care was usually provided by a combination of pharmacists, faith healers, and the occasional maternal and child-health social worker who would service the area as part of governmental outreach. Doctors were a rare commodity, as evidenced by the number of people waiting to see me.

Her back was stooped. Her hands were gnarled around that cane. Distracted by my other patients ahead of and after her, I sent an assistant to obtain her vital signs. I couldn't tell what her primary concern really was, but she didn't seem to have one of the conditions we could treat on-site. Regardless, something about the way she looked at me, lopsided with only a few decayed teeth loosely attached to her gums, held my attention, and I nodded to the assistant to help her on the makeshift exam table. There was no changing table paper. In its place was a bedspread, which by then was stained from previous patients. She climbed up on it, ignoring the grime, and was content to let me examine her.

I am a seasoned primary care physician with two decades of experience, used to the conveniences of our modern health care system. There, however, my medical bag contained only my stethoscope, some surgical instruments, and a small pad of paper upon which I would write both my post-visit recommendations and prescriptions. My limited supply of antihypertensive and diabetic medications was gone by the end of the first day. To those not on the receiving end of surgical intervention, my offerings were meager. Still, I was determined not to let them leave empty-handed.

The prescriptions and advice I wrote on that pad seemed to mollify those who received it, but what really became of the scripts was a mystery. From what I could tell of their hardships, I doubted many of my patients would follow through with my recommendations. Looking at their threadbare clothes and worn sandals, even inexpensive blood pressure and diabetes medications were not prioritized. The woman in front of me, with her hardships, would certainly not find those written words very helpful.

Her vital signs conveyed a seriousness to her condition, and if she were somewhere else, it would have been enough to transfer her to a tertiary medical center. I called the camp director over to see about arranging a hospital visit but was told that whatever I could offer her would be the only treatment she would receive. She was among a group of widowed Hindu women bereft of material possessions, choosing to lead a life of piety instead of committing sati.

Sati has a loose translation as the "pure wife". In ancient times, it meant the practice of a wife immolating herself at her husband's funeral. Though sati is currently outlawed in India, the fate of many widows in multigenerational households had not improved over the centuries. Some continued to live with their husband's family but were frequently deemed a burden and a strain on an already overcrowded multigenerational living situation. In other cases, widows willingly left or were forced out of their homes outright. At risk for destitution and left with few earthly possessions, these widows sought solace near temples, begging for food, or offering to chant Hindu devotionals for a few pennies per day. Though some communities' widows numbered in the thousands, the temple I was at that day had only a few widows, and thus they were the lucky ones. They were cared for by the groundskeepers' spouses and by those who charitably provided them with necessities. But medical care was not considered a necessity.

Without the presence of patient health questionnaires, insurance information, electronic medical records, and the constant background noise of mouse clicks, the need to document everything between us was unnecessary. It was just us in that corner. I got whatever information I could from a translator. It was hard to believe she was a lucky one.

She was an outcast, yet she seemed so content lying there. As I went through the motions of my physical exam, listening closely through my stethoscope, I hoped for something to tell her, but the cadence of her heart and lungs offered me no simple answers. Her eyes were closed, and her mouth remained open. Her smile was etched into her face despite the hardships she had faced. When I looked at her, the capital letters after my name and my Western education didn't seem to be what she came to me for. What was ailing her remained a mystery, and I could only sit and hold her hand while she lay there.

Some time passed, and I noticed her detaching from the cacophony surrounding her. I wondered why she came, and why she stayed; the translator already told her that we had nothing further to offer. She was used to needing very little, given her life circumstances. The questions kept running through my head as to what I could do for her. Did she come to avoid the pitiful glances of those who were providing her handouts? Or to sleep, or be cured? I wondered if she sensed in me the fulfillment of a world made more sensitive to the needs of women. Those questions remained unanswered, and there were others waiting on the other side of the temple door. After some time, I moved my attention to the next patient. And as I watched the staff escort her back out to the temple grounds, I silently sighed with relief because despite my not offering her any obvious treatment, she still walked out that door.

A few days later as I visited the temple, I saw her again, her kyphosis identifying her from a distance. She kept smiling at me as we crossed paths. I looked away, feeling as though I had failed her in some way. What did she really get out of that encounter with me? She looked better though, and for that I was grateful. And maybe those few extra minutes of my presence was the healing she had come for.

There are times when you have reached the limits of what medicine has to offer. But one more option remains. We dignify those who are hurting as we lay our hands on them. Both our procedural touch of the clinical exam and our expressive touch of skin-to-skin contact have the power to heal as well. Our speech may be misconstrued, and our written words may be misinterpreted, but our touch persists in conveying empathy beyond language.

We move towards a health care system that supplants face-to-face visits in favor of virtual visits and email communication. We value the convenience and advantages this will offer. Still, those rituals of laying our stethoscope to our patients' heart, and in holding their hands, offer them necessary human connection beyond that provided by modern medicine. That is the unspoken language which speaks volumes about our empathy and our faith in their healing. While the power of our touch may sometimes be less evident next to our technically advanced medical care available now, our ability to connect with our patients, allow them to build trust in us and begin the process of healing, starts with that simple gesture.

Perhaps I was able to offer her something after all…

**Our patient passed away peacefully almost a year after we saw her in India.*

Antarctica

Kathleen Franco, MD and David Bronson, MD

Antarctica is a place that makes you think about your position in the world. An initial impression is vast white purity. It feels unspoiled and totally at peace. The silence is spellbinding and seems surreal until broken up by the sound of the motor on a Zodiac boat or human conversation. Floating past icebergs bigger than the HEC (CCF/CWRU Health Education Campus) shrinks us humans to diminutive proportions. “Smaller than a dot” is what came into mind.

Near the shore, the cacophony of gentoo penguin life made whatever we were saying unimportant. We were uninvited guests coming to their homes. We tried our best to walk quietly and not disturb them. The 5-meter rule was faithfully upheld by the taller human penguins. Standing still in awe of what we saw, we felt frozen in time and space. It was then that a penguin might come almost directly to our feet. They looked as if they were asking, “What are you doing here?” It was then that we stopped and asked ourselves, “What are we doing here?”

There have been times in the past when we became disenchanted with the world or rather, with what people were doing to the world. We were frustrated at how we observed people treating each other with unkindness and even violence. It saddens us when we do not take care of our planet and its inhabitants, like these amazingly social penguins. Today, the occasional creature would walk up to us as though to start a conversation, only to be met by our silence as we could not speak its language. They were far more trusting than we had ever imagined—not all of them, but those occasionally social ones who came so close. We human penguins respected their “highways” and quietly watched as they fed their chicks. Having a brand new grandson, we are acutely “tuned in” to feeding babies. What if there were no penguins, seals, or whales for our grandchildren to see throughout their lives? The thought made us very sad indeed. Today, it felt as though the animals opened their homes and hearts and allowed us the privilege of spending time with them.

Over the following days, we had the opportunity to exchange thoughts and ideas with expedition leaders, several of whom were scientists in the field. They taught us a lot, and we have books full of notes to prove it. Their message was education. We could only save the penguins, and for that matter the world, if we spread the knowledge that we were gaining. Had we been doing that before we came to Antarctica? Although we knew how to educate, in many ways we thought that chapter of our lives was closing. Perhaps we were wrong. Perhaps the same skill set can include more than just medicine. In Antarctica, we felt like the penguins were part of our family. We felt concerned for their environment and anxiety for their future as we sometimes do for our home in the United States. We know that sometime in the long distant past, where we live was as pristine as the continent of ice and rock we were now able to visit. Although sometimes we are resistant to the idea, we must acknowledge that not everyone in the world feels the same as we do. There are many in the world who perceive the animals as resources. They are not interested in the history of Antarctica: the whalers and sealers that decimated the populations of these beautiful creatures or even the extraordinary sacrifices of the explorers who first charted the way.

Ninety-nine percent of the world’s fresh water is in the ice covering Antarctica. We have been told about the consequences of the ice melting, which will make huge changes in reducing the landmass of Florida and on up the coast to and including New York City. What about those millions of people living near sea level in the Philippines and Indonesia? For people who have a home in these areas, projected climate change may create anticipatory anxiety, while others may be able to put the concern on the “back burner”. Climate change is driving a decline in the preferred habitats and population of Adélie penguins, who are losing their breeding sites to other species, mostly gentoo penguins.

It doesn’t seem right that Adélies become an expendable resource or that polar bears in the Arctic Circle are finding their habitat diminishing. Recently, record temperatures in the mid- to high 60s were recorded on the Antarctic Peninsula. Climate change is real. We can argue about all the causes of climate change, but the only tangible action we can take to decrease its impact is to reduce our carbon footprint.

Scientists from all over the world have created research stations in Antarctica and learned to live cooperatively through a treaty. Antarctic tour operators have developed standards for managing visitors to Antarctica. That is how the 5-meter rule came about, as well as not allowing more than 100 persons on land at any time in a bay or harbor, and many other sensible points of agreement. If these many nations and commercial enterprises can live on this continent in harmony and with agreed-upon rules of conduct, it is possible for people to get along, respecting each other and the wildlife and our Earth. Sharing and caring are not gone from this world but do require all of us to protect and honor what remains. This will be part of the new chapter in our lives.

Endings and Beginnings

Eashwar Somasundaram

Always seeking the next adventure**s**
My affection of where I lived had dimmed long ag**o**

Bidding for new and exciting stimul**i**
I sought pursuit of happiness and satisfactio**n**
To become a person more skilled and learne**d**
I left hom**e**
Oh the first few months were great! I can say without a fi**b**
Numb to the pain that would awai**t**
Loneliness however began to creep insid**e**
Obligation to the emotional contracts of old friendships and cree**d**

Stopped my fun of the parties and confett**i**
The gloom I fel**t**

Hearkened my mind back to the place I swore would never hold my tom**b**
Eager for nostalgia, I decided to visit the home I had bid adie**u**
Anticipating seeing my old life, my heart thundered like timpan**i**
Reaching my destination, I thought I had wandered off the trai**l**
Then my once excited, thundering heart fizzled to an anxious fli**t**

I had arrived at a land with new trees and friends with new person**a**

The home I pined for was nowhere to be see**n**
Struck with grief, I had only one option: to say goodby**e**
Hope eventually healed my wound and allowed me to start ane**w**

One day at a time, I mustered the effort to say a new hell**o**
My heart became free of its pai**n**
Enlightened to the truth that home is not found in a space but built with tim**e**

Night Shift: June 24th - July 7th

Jing yi Sun, MD

Shift seven begins, as night starts to fall,
“Happy almost-July-1st” the home-going docs call.
Gathering around the almost-PGY2,
were three med school graduates all shiny and new.

Signout begins, three pairs of eyes wide,
with me the Night Senior, listening from one side.
“Patient A is doing well, he’s really come far,
tomorrow he needs a consult from PM&R”.

“What’s PM&R?” all three voices blurt.
****
This next week is going to hurt.

And hard for them it was, in more ways than one,
from orders to pages while never seeing sun.
Through strange hierarchies, new names and faces,
getting lost while buying coffee, exploring new places.

Nevertheless they persisted, conquering this realm,
solving challenge after challenge while appropriately overwhelmed.
To our now seasoned interns: if ever to self-doubt you succumb,
take a look back at how far you’ve already come.

I’m a current third-year pediatric resident who had the chance to work as night senior from the end of June through the first week of July. This gave me a unique opportunity to see first-hand the amount of knowledge that is gained after a year of training. And while the July learning curve was steep, time and time again, I am impressed with the dedication and positivity our intern class demonstrated then and continue to demonstrate now in the trenches of winter pandemics. This is for them.

A Change of Seasons
Wenting Ma | CCLCM Class of 2022

First major snowfall in Cleveland begins to cover the autumn-colored foliage outside Miller Pavilion

The Last Visit

J. Harry Isaacson, MD

I knew this would be our last visit, but I didn't know how it would go. We had a long history together. I took over his care 25 years ago, and soon after we discovered a cancer with a bad prognosis. He had beaten the odds and survived. Over the years our visits often included a window into his varied life experiences, including brief glimpses into his service in WWII, his career as an amateur musician/band leader in the 1950s, and the challenges of being a caregiver for his wife as her health declined and she eventually passed away. He was fond of students who became involved in his care, including some who saw him several times as they honed their doctoring skills. He always asked about them, and he always asked about me and how I was doing as part of our visits. We became friends, and I looked forward to seeing him. Visits were usually scheduled at the end of the day, leaving a little more time to linger. Now in his 90's, he was suffering from an undefined illness, likely cancer, that was rapidly advancing. We had decided to transition his care from the acute hospital setting to assisted living with the goals of comfort and dignity.

I received a call from his daughter who was giving me regular updates since he left the hospital – "he's been more confused." Sensing her urgency, I told his daughter I would stop by the assisted living facility after work. It was late when I arrived to his new home. The halls were eerily dark and quiet. I spent several minutes navigating the unfamiliar hallways until I found his room. I gently knocked and entered, not knowing what would to expect. Would he be too confused to recognize me? Would he be suffering or even near death? Had I waited too long for our last visit? To my delight, he recognized me when I entered his room. His eyes opened wide and he flashed the broad grin I had seen so many times in clinic. No confusion at all despite his illness, the unfamiliar surroundings and his advanced age. Freed from the distractions of our typical meetings in clinic, I pulled up a chair and we just talked. No agenda, just talking as friends of many years. Soon into our conversation we landed on WWII. I confessed to him I had heard bits and pieces of his experience over many visits and was interested in hearing more. He sat up and began sharing exquisite details of his remarkable war experience. His best friend in the army died in his arms in a foxhole. He was captured with several other men, tortured and held in a farmhouse. Knowing inaction would lead to death, the men staged an escape and he was one of only 2 who survived, running for his life as shots flew past from his captors. It was hard to believe what I was hearing. He told his stories with a quiet humility, downplaying his own role. I thanked him for sharing so much and reflected on my own recent visit to Normandy, where I had seen the graves of thousands of soldiers. I told him I would keep track of him and make sure he was well cared for. We said no formal goodbye, but I knew this would be our last visit. As I left the building I felt a sense of awe in bearing witness to his stories, and gratitude for the gift of human connection medicine offers. The air was still and cool enough for me to see my own breath. My fatigue at the end of a long day had vanished.

Scattered as One

Richard Prayson, MD

Along the verge where the waters ever so gently roll to meet the sands,
    we venture with hands held,
    and gaze out to where the sky reaches down to touch the waters.
In our silence, our being there,
    the rhythmic sound of the loch reaching out toward us softly plays,
    broken by a gull's beckoning to join,
    to soar and glide above all.
The surface glistens, glimmers and glitters,
    its gleams conceal its depths, its unknowns,
    which rest shrouded below.
We pause, as we decide upon a stone,
    and cast it in unison upon the world before our visage toward what can not be seen,
    to watch it skip along the surface,
    until it skips no more.
And with each stone we scatter before us,
    we know not how it may dance and where it may finally find its rest,
    but we know that it is scattered as one.

No Turning Back

Wenda Ye | CCLCM Class of 2020

Winner (Photography), CCLCM Medical Humanities Contest

Huntington Beach, Cleveland, OH